

CITY OF KENAI
REGULAR MUNICIPAL ELECTION
OCTOBER 7, 2025



Candidate Filing and Information Packet

Office of the City Clerk
210 Fidalgo Avenue, Kenai, Alaska 99611
Phone: 907-283-8231 | Fax: 907-283-5068
cityclerk@kenai.city
<https://www.kenai.city>

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CANDIDATE FILING PERIOD

AUGUST 1, 2025, 8:00 A.M.

THROUGH

AUGUST 15, 2025, 4:30 P.M.

Table of Contents

Message to Candidates	1
Candidate Filing Instructions	1
Candidate Qualifications	1
Financial Disclosure:	1
Sworn Statement of Candidacy and Nomination Petition Certification.....	1
Insufficient Nomination Petitions:	2
Corrections, Amendments and Withdrawal of Candidacy	2
Term of Office	2
Votes Required for Election to Office	2
Where to Find the City of Kenai Election Law	2
Campaigning.....	2
Campaign Disclosure	2
Campaigning Near Polling Locations	2
Campaign Signs in State Right-of-Way	3
Campaign Signs in City Right-of-Way or on City Property	3
Campaign Signs in Residential Zones	3
About the City of Kenai	3
Form of Government:	3
Mayor and Council:	3
Council Powers:	3
Council Meetings:	3
Council Employees	4
City Manager:	4
City Attorney:	4
City Clerk:	4
Ballot Name Placement Procedure	4
Contacts.....	4
Important Dates	5
Forms:	
Candidate Declaration Statement.....	6
Nomination Petition	7
Public Official Financial Disclosure Statement	10
Candidate Information Sheet	22
Alaska Public Office Commission - Exemption Statement	23

Message to Candidates

The information provided in this packet has been prepared to assist candidates seeking office in the City of Kenai. In addition to this document, there are other publications and materials available from the Division of Elections or the City Clerk's Office.

As a candidate for elected office, there are state laws that apply to you. The information in this packet related to state law are just brief summaries of those laws and as a candidate it is your responsibility to familiarize yourself with all applicable laws.

Candidate Filing Instructions

To file for office, completed forms must be submitted during the candidate filing period to the City Clerk's Office, 210 Fidalgo Avenue, Kenai Alaska.

The candidate filing period opens **August 1, 2025 at 8:00 a.m.** and closes on **August 15, 2025 at 4:30 p.m.**

1. Candidate Declaration Statement (page 6) Required	→ Candidates must provide a sworn statement of candidacy and certification of qualifications by completing the Sworn Statement of Candidacy form, the statement must be signed in the presence of the City Clerk or Clerk's designee.
2. Nomination Petition (page 7) Required	→ The nomination petition must contain twenty (20) or more signatures of registered City of Kenai Voters. All candidates must file a nomination petition containing the completed sworn statement of candidacy and certification of qualification.
3. Public Officials Financial Disclosure Statement (page 10) Required	→ A completed City of Kenai Public Official Financial Disclosure Statement must be filed with your nomination petition. It is not necessary to file a second financial disclosure statement if one is already on file.
4. Candidate Information Sheet, Candidate Statement and Candidate Photograph (page 22) Optional: <i>Information submitted will be included in the Kenai Peninsula Borough, Voter Pamphlet and on the City of Kenai website.</i>	<div>→ Candidate Information Sheet: If you choose not to submit this form, only your name will be printed in the Kenai Peninsula Borough voter pamphlet and on the City of Kenai website.</div> <div>→ Candidate Statement: The statement will be printed exactly as written.</div> <div>→ Candidate Photograph: Must have been taken within the last five years and is limited to the head, neck and shoulders of the candidate.</div>

Candidate Qualifications

A candidate for elective City Office shall be a qualified voter of the City; be at least twenty-one (21) years of age; resided within the City for one year, immediately preceding the election; be qualified for the offices of Mayor or Councilmember. [KC 2-1](#); and [KMC 6.15.010](#)

Financial Disclosure: Candidates for elective municipal office are required to submit a completed City of Kenai Financial Disclosure Statement at the time of filing a nomination petition with the City Clerk [KMC 1.85.010\(a\)](#)

Sworn Statement of Candidacy and Nomination Petition Certification

The City Clerk shall review candidate qualifications and determine whether each candidate is qualified as provided by law. [KMC 6.15.030](#)



Within three (3) days after filing the declaration of candidacy and nomination petition, the City Clerk will determine whether the nomination petition is signed by the required number of registered voters, and notify the candidate.

Insufficient Nomination Petitions: If insufficient, the Clerk will notify the candidate with a statement as to why the nomination petition (petition) is insufficient. The notice may be in person or by mail and will include a copy of the insufficient petition. [KMC 6.15.020\(f\)](#)

A candidate may correct an insufficient petition by filing a new petition and new sworn statement of candidacy within the regular time for filing nomination petitions, with the exception that a petition that has an insufficient number of signatures may be supplemented with additional signatures on a form provided by the Clerk. Supplemental signatures must be obtained and filed with the Clerk within the regular time for filing a nomination petition and sworn statement of candidacy. [KMC 6.15.020\(g\)](#)

Corrections, Amendments and Withdrawal of Candidacy

Any candidate may withdraw, correct or amend their candidacy at any time before the candidate filing period closes by filing a written notice with the City Clerk. [KMC 6.15.020\(h\)](#)

Term of Office

The term of office of the Mayor and Councilmember begins the Monday following certification of the election. [KC 10-2](#)

Votes Required for Election to Office

The candidate for Mayor receiving the greatest number of votes shall be elected. The two candidates (2) for Council receiving the greatest number of votes shall be elected. In case of failure to elect because of a tie, the election shall be determined fairly by lot from among the candidates tying. [KC 10-4](#)

Where to Find the City of Kenai Election Law

[Kenai Municipal Charter Article 10](#)

[Kenai Municipal Code Title 6](#)

Campaigning

Campaign Disclosure

The State of Alaska, Campaign Disclosure Law (AS15.13) applies to all municipal candidates, and requires detailed reports disclosing all campaign contributions and expenditures. All campaign reports are filed directly with the State of Alaska Public Office Commission (APOC).

Within seven (7) days of filing the sworn statement of candidacy and nomination petition with the City Clerk's Office you are required to file directly with APOC either a "Municipal Candidate Exemption Form" or a "Municipal Candidate Registration Form".

Municipal Candidate Exemption form is for candidates who will raise/spend less than \$5,000 on their campaign. *(Included in this packet for your convenience on page 23)*

The Municipal Candidate Registration form is for candidates who will raise/spend more than \$5,000 on their campaign. *(Must be filed using the APOC electronic filing system, unless a candidate meets the specific criteria found in AS 15.13.040(m)(1))* [myAlaska](#)

Campaigning Near Polling Locations

During the hours that the polls are open, a person who is in the polling place or within 200 feet of any entrance to a polling place may not attempt to persuade a person to vote for or against a candidate, proposition or question. This includes any absentee voting offices open prior to Election Day. *Alaska Statutes 15.15.170*



Campaign Signs in State Right-of-Way

State law prohibits the use of public right-of-way for political advertising; this includes vehicles parked in a right-of-way used to display political advertisements. This law applies to signs on public or commercial property within 660-feet of the state's public right-of way, with the following exception: Owners or occupants of private property located adjacent to a state highway may place small, temporary, political campaign signs on their property during election season provided they have not been paid to display the signs. If you have questions regarding placement of campaign signs near state rights-of-way please contact the Department of Transportation, Central Region directly at:

Central Region Headquarters

4111 Aviation Avenue | PO Box 196900
Anchorage, AK 99519-6900

Phone: 907-269-0555 | Fax: 907-248-1573
Email: DOT.CR.Director@alaska.gov

Campaign Signs in City Right-of-Way or on City Property

Signs in City right-of way or on City Property are prohibited. Such signs will be removed and disposed of without notices. [KMC 14.20.220\(b\)\(3\)\(c\)](#)

Campaign Signs in Residential Zones

Political signs shall be removed within two (2) weeks after the date of the election the signs were displayed to promote. If after reasonable notice, such signs are not removed, the City may remove them and the candidate, organization or person who caused the sign to be placed may be charged for said removal. [KMC 14.20.220\(c\)\(1\)\(N\)](#)

City of Kenai Planning Department

210 Fidalgo Avenue, Kenai, AK 99611

Phone: 907-283-8237 | Email: planning@kenai.city

About the City of Kenai

Form of Government: Kenai became incorporated as a first-class city in May 1960 and became a home rule municipality in 1963 through the adoption of a charter. The executive powers and administrative duties are vested in the City Manager and the legislative functions are vested in the City Council.

The City encompasses approximately twenty-nine square miles of land and has a population of approximately 7,750.

Mayor and Council: The Kenai City Council consists of seven (7) members, the Mayor and six (6) Councilmembers. The Mayor presides at meetings and is recognized as the head of the City government for all ceremonial purposes and by the Governor for purposes of military law. As a Councilmember, the Mayor has all the powers, rights and privileges, duties and responsibilities of the Councilmembers, including the right to vote on questions.

Council Powers: The Council shall have and may exercise all legislative powers not prohibited by law or by the City Charter. The Council is the legislative body of the City, established by Article 2 of the City's charter. The Council approves the budget, sets the mill rate and appropriates funds to provide for City Services. Through action taken, the Council establishes policies which are executed by the administration.

Council Meetings: The regular meetings of the City Council are on the first and third Wednesday of every month at 6:00 p.m. The Council annually by resolution establishes the dates for meetings; this must include a minimum of twenty (20) regular meetings each year and at least one regular meeting each month.



Council Employees

City Manager: The City Manager is the chief administrative officer and head of the administrative branch of the City Government and executes the laws and ordinances and administers the government of the City.

City Attorney: The City Attorney is the chief legal advisor of the Council and all other officers, departments and agencies of the City government in matters relating to their official powers and duties.

City Clerk: The City Clerk is an officer of the City appointed by the Council and serves as the clerical officer of the Council as provided by the City Charter.

Ballot Name Placement Procedure

The Ballot Name Placement Procedure for the October 2025 Regular Municipal Election is scheduled for Friday, August 15, 2025 at 4:45 p.m. in the City Clerk's Office. City Council candidates and members of the community are invited to attend.

Contacts

Kenai City Clerk's Office

210 Fidalgo Avenue
Kenai, Alaska 99611
www.kenai.city

Shellie Saner, MMC, City Clerk
907-283-8231 Office
907-283-5068 Fax
cityclerk@kenai.city

State of Alaska Division of Elections

Region V Elections Office - **Wasilla**
1700 E. Bogard Road, Suite B 102
Wasilla, Alaska 99654-6565
www.elections.alaska.gov

907-373-8952 Office
844-428-8952 Toll Free
907-373-8953 Fax
electionsr5@alaska.gov

Region V Elections Office - **Kenai**
11312 Kenai Spur Hwy., Suite 48
Kenai, Alaska 99611

907-229-7202 Office
electionsr5k@alaska.gov

Alaska Public Offices Commission

2221 E. Northern Lights Boulevard, Room 128
Anchorage, AK 99508-4149
www.doa.alaska.gov/apoc

907-276-4176 Office
1-800-478-4176 Toll Free
907-276-7018 Fax
apoc@alaska.gov



Important Dates

Mid-July 2025	Candidate Nomination Packets are available on the City website at https://www.kenai.city/ or may be picked up at City Hall in mid-July.
August 1, 2025	First day that Nomination Petitions may be filed with the City Clerk.
August 15, 2025	Last day to file all candidate filing materials or to withdraw and have name removed from the ballot (4:30 p.m.) The Ballot Name Placement Procedure will take place at (4:45 p.m.)
September 7, 2025	Last day to register to vote or change address for the October 7, 2025 Election.
September 22, 2025	Absentee voting ballots available for in-person and personal representative voting.
September 30, 2025	Absentee by-mail applications MUST be received at the Clerk's Office by 5:00 p.m.
October 6, 2025	Absentee by-fax / electronic transmission applications MUST be received at the Clerk's Office by 5:00 p.m.
October 7, 2025	Regular City Election Day – Polls are open from 7:00 a.m. to 8:00 p.m.
October 14, 2025	Canvass Board Meeting.
October 15, 2025	Regular City Council Meeting / Certification of Election. Oath of Office for Newly or Re-elected Officials after Certification.
October 20, 2025	Newly or Re-elected Officials Terms Begin.



City of Kenai Candidate Declaration Statement

This form must be completed in its entirety or candidacy will not be validated. Corrections must be initialed. Completed originals must be received by the Clerk's Office during the candidate filing period, **August 1, 2025 at 8:00 a.m.** through **August 15, 2025 at 4:30 p.m.**, statements will not be accepted after the closing of the filing period.

GENERAL INFORMATION (PLEASE PRINT OR TYPE)

I, _____ am a qualified voter, will be at least twenty-one (21) years of age at the time of the election and declare myself to be a resident of the City of Kenai for one year and a candidate for the office of:

Mayor - (One seat, with a three-year term: October 2025 through October 2028)

City Council - (Two seats, each with a three-year term: October 2025 through October 2028)

CANDIDATE INFORMATION (PLEASE PRINT OR TYPE)

My current physical residence address is: _____

I have been a resident of the City of Kenai since: _____

My full mailing address is: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Provide at least one Identifier:

Voter No. _____ SS# (last 4 digits) _____ Date of Birth: _____

Ballot Information:

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

(Last Name)

(First Name)

(MI)

(Nickname and/or Suffix, to be printed on ballot)

*The City Clerk may not include on the ballot, as a part of a candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. *KMC 6.20.030(b)*.

CERTIFICATION

I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete, that I meet the specific residency and citizenship requirements of this office and if elected will serve. I further certify that I will 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 Statement 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.

Candidate Signature

Date

ATTESTATION OF SIGNATURE

The above signature of _____ is attested on this _____ day of August 2025.

Name of Authorized Signatory who Attests Signature: _____

Signatory Title: _____

Signature of Authorized Signatory

FOR OFFICE USE ONLY

Date and Time Received: _____ Received by: _____

District/Precinct: _____ Voter Registration No: _____ Verified by: _____

Financial Disclosure Statement: ☐ Included with Declaration **OR** ☐ On file with the City Clerk

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2025 CITY OF KENAI NOMINATING PETITION

We, the undersigned twenty (20) electors of the City of Kenai, hereby nominate and sponsor _____, whose address is _____, for the office of _____; and we individually certify that our names presently appear on the rolls of registered voters of the City of Kenai, and that we are qualified to vote for a candidate for an elective municipal office. **The term of office the candidate is seeking is three years.**

	PRINTED NAME	SIGNATURE	VOTER #, OR BIRTH DATE	MAILING ADDRESS	PHYSICAL ADDRESS	DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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Candidate: _____
Office Sought: _____

	PRINTED NAME	SIGNATURE	VOTER #, OR BIRTH DATE	MAILING ADDRESS	PHYSICAL ADDRESS	DATE
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

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Candidate: _____
Office Sought: _____

	PRINTED NAME	SIGNATURE	VOTER #, OR BIRTH DATE	MAILING ADDRESS	PHYSICAL ADDRESS	DATE
22						
23						
24						
25						
26						
27						
28						
29						
30						

SWORN STATEMENT OF CANDIDACY AND CERTIFICATION OF QUALIFICATION

I hereby certify that I accept the nomination as a candidate for the office of _____, and I agree to serve **three years** if elected. I also certify that I will be at least 21 years of age by Election Day, and that I have resided in the City of Kenai for one year, immediately prior to Election Day. [KC 2-1(b)]

Candidate Signature _____
ATTEST: Michelle M. Saner, MMC, City Clerk

Date Filed: _____
Date: _____

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**CITY OF KENAI
2025 PUBLIC OFFICIALS
FINANCIAL DISCLOSURE STATEMENT
BACKGROUND INFORMATION**

1. This report is for City of Kenai Planning & Zoning Commission members; the City Manager, the City Clerk, the City Attorney, City of Kenai municipal candidates; and incumbent Mayor and Council Members.
2. This report is for the preceding calendar year, **so include any information about financial interests held between January 1, 2024 and December 31, 2024.**
3. You must show your financial interests and those held by your spouse, domestic partner, non-dependent children residing with you, or dependent children during the preceding calendar year.
4. If you, your spouse, domestic partner, non-dependent child residing with you or dependent child ("covered individual") is a sole proprietor, member of a partnership or limited liability company, shareholder in a corporation or a professional corporation in which the covered individual holds a controlling interest, or the owner of a controlling interest in another business entity, then the disclosures required under this form also apply to the covered individual's sole proprietorship, partnership, limited liability company, corporation professional corporation or the business entity.
5. Health care providers*, certified public accountants, stock brokers, or financial advisors, attorneys and their spouses or domestic partners are not required to disclose, as sources of income, the names of individual patients or clients who received professional services. This exemption shall not apply to the identity of any corporation or other business entity having a contract with the professional producing income of \$5,000 or more for services to its members or a defined group, nor to the identity of clients receiving services that do not fall within the professional's field of expertise.
6. * "Heath Care Provider" means an acupuncturist licensed under AS 08.06, an audiologist or speech language pathologist licensed under AS 08.11., a chiropractor licensed under AS 08.20, a dental hygienist licensed under AS 08.32, a dentist licensed under AS 08.36, a nurse licensed under AS 08.68, a dispensing optician licensed under AS 08.71, a naturopath licensed under AS 08.45, an optometrist licensed under AS 08.72, a pharmacist licensed under AS 08.80, a physical therapist or occupational therapist licensed under AS 08.84, a physician or physician assistant licensed under AS 08.64 a podiatrist licensed under AS 08.64, a psychologist or psychologist associate licensed under AS 08.86.
7. If you need assistance, please feel free to call the Kenai City Clerk at (907) 283-8246.
8. **SIGN AND DATE THIS REPORT ON THE LAST PAGE.**

NAME: _____

OCCUPATION: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

(Current Street Address or Post Office Box)

(City/Town and Zip Code)

OFFICE HELD OR SOUGHT: _____

OFFICE: _____ TERM: FROM _____ TO _____

TITLE: _____

TYPE OF STATEMENT (CHECK ONE):

CANDIDATE STATEMENT

Must be filed with your declaration of candidacy

INITIAL STATEMENT

For newly appointed municipal officers

ANNUAL STATEMENT

Due by April 15

SPOUSE: _____

DOMESTIC PARTNER: _____

DEPENDENT CHILDREN: _____

NON-DEPENDENT CHILDREN RESIDING WITH YOU: _____

SCHEDULE A
SOURCES OF INCOME OVER \$5,000

Salaried Employment

If NONE reportable, check box ☐

Report the name of each employer who paid you, your spouse, domestic partner, non-dependent children residing with you, or dependent children more than \$5,000 during **calendar year 2024**.

Name of filer, spouse, domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse, domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse, domestic partner or child: _____

Employer's Name: _____

Name of filer, spouse, domestic partner or child: _____

Employer's Name: _____

Self-Employment

If NONE reportable, check box ☐

List the name and address of each self-employment business that was a source of income of more than \$5,000 for you, your spouse, domestic partner, non-dependent children residing with you, or dependent child during **calendar year 2024**.

If the business is non-retail, list the first and last name of each client or customer who paid the business over \$5,000.

Self-employment includes: sole proprietor, partnership, limited liability company, shareholder in a professional corporation; or if you held (individually or with another family member) more than 50% of the stock in a corporation.

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Retail Non-Retail (If you check non-retail, list clients/customers below.)

Name of client/customer: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Retail Non-Retail (If you check non-retail, list clients/customers below.)

Name of client/customer: _____

SCHEDULE A - continued
SOURCES OF INCOME OVER \$5,000

Rental Income

If NONE reportable, check box ☐

List the first and last name of each tenant from whom over \$5,000 was received during **calendar year 2024**.

Owner (filer, spouse, domestic partner or child)

Tenant(s)

Dividends and Interest

If NONE reportable, check box ☐

Report the name of the source of all dividends, interest and capital gains over \$5,000 earned **during calendar year 2024** such as Dean Witter Money market Acct. or CD's in ABC Bank.

- List the name(s) of the asset(s) (not in a retirement account) which paid you, your spouse, domestic partner or child dividends, interest or capital gains of more than \$5,000 last year such as IBM stock or Cordova Municipal Bonds.
- **(Report the assets of a retirement account or trust on page 7).**

Recipient (filer, spouse, domestic partner or child)

Name of Source of Income

SCHEDULE A - continued
SOURCES OF INCOME OVER \$5,000

Other Income

If NONE reportable, check box ☐

List each source of income over \$5,000 not listed elsewhere on this statement, including income from public assistance, worker's compensation, unemployment, the name of the buyer of real property; social security; retirement; the name of the person who paid alimony or child support; government entitlements; honoraria and shared living expenses.

Recipient (filer, spouse, domestic partner or child)

Name of Source

Gifts

If NONE reportable, check box ☐

List the source of gifts which have a value of or cumulative value of more than \$250 **except** gifts received from a spouse, domestic partner, parent, child, sibling, grandparent, aunt, uncle, niece or nephew. Some **examples** of gifts include: cash, a debt that is forgiven, scholarships, and discounts not extended to the general public.

Recipient (filer, spouse, domestic partner or child)

Name of Source

SCHEDULE B
BUSINESS INTERESTS

Business Interests

If NONE reportable, check box ☐

Report all business interests even if they were not sources of income to you, your spouse, domestic partner, non-dependent child residing with you, or dependent child during **calendar year 2024**.

- List ownership interests of more than \$5,000 as a shareholder in publicly traded stocks that are not listed elsewhere on this form. (A list of the names of publicly traded stocks such as IBM or Intel may be listed by name only on a separate page.)
- List ownership interests in non-publicly traded companies such as a sole proprietor, shareholder, owner, partner, officer, or director including ownership interests in Native corporations.
- List interests in limited liability companies.
- List 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, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

SCHEDULE C
REAL PROPERTY INTERESTS / RENT TO OWN

Real Property Interests

If NONE reportable, check box ☐

Report all property interests such as your home, real property leased or rented from others, 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 **calendar year 2024**.

Include a street address, city and state or complete legal description for each piece of property listed. **Do not** use milepost markers or post office boxes.

Use copies of this page if you need additional space to complete this section.

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

City or Borough and State: _____

Nature of Interest: _____
(Option to Buy, Ownership, Leaseholder) Current Use (Optional)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

City or Borough and State: _____

Nature of Interest: _____
(Option to Buy, Ownership, Leaseholder) Current Use (Optional)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

City or Borough and State: _____

Nature of Interest: _____
(Option to Buy, Ownership, Leaseholder) Current Use (Optional)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

City or Borough and State: _____

Nature of Interest: _____
(Option to Buy, Ownership, Leaseholder) Current Use (Optional)

Name of filer, spouse, domestic partner or child: _____

Street Address or Legal Description: _____

City or Borough and State: _____

Nature of Interest: _____
(Option to Buy, Ownership, Leaseholder) Current Use (Optional)

SCHEDULE D

BENEFICIAL INTEREST IN TRUSTS & RETIREMENT ACCOUNTS EXCEEDING \$5,000

Trusts & Retirement Accounts

If NONE reportable, check box ☐

Report each beneficial interest in a trust or retirement account held by you, your spouse, domestic partner, non-dependent children residing with you, or dependent children that exceeded \$5,000 during **calendar year 2024**. Retirement accounts include employee benefit accounts (pension and profit-sharing accounts), and retirement accounts (IRA, 401K, SEP or Keogh). Assets of a trust or retirement account include stocks, bonds, mutual funds, cash accounts, CD's, real property.

- Name the trustor (the person or employer who provided the funds or assets for the trust or retirement account).
- If a trust or retirement account is self-directed, also list the assets by name such as IBM stock or Templeton Growth Fund.

Name of filer, spouse, domestic partner 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 retirement account or trust.

Name of filer, spouse, domestic partner 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 retirement account or trust.

Name of filer, spouse, domestic partner 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 retirement account or trust.

Name of filer, spouse, domestic partner 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 retirement account or trust.

SCHEDULE E
LOANS, LOAN GUARANTEES, AND DEBTS OF \$5,000 OR MORE

Loans, Loan Guarantees, and Debts

If NONE reportable, check box ☐

Report the name of each creditor or lender to whom more than \$5,000 was owed during **calendar year 2024** by you, your spouse, domestic partner, non-dependent children residing with you, or dependent children.

List financial obligations including mortgages on property sold **during calendar year 2024**; loans that have been guaranteed; mortgage, boat and auto loans; business and personal loans; escrows; student loans; signature loans; and promissory notes. Loans include secured, unsecured and contingent loans. Do not report credit card obligations or revolving charge accounts, delinquent taxes, alimony, child support payments or medical bills.

Circle whether the entity is a lender, creditor or guarantor.

_____ Name of Debtor (filer, spouse, domestic partner or child)	_____ Name of Lender / Creditor / Guarantor
_____ Name of Debtor (filer, spouse, domestic partner or child)	_____ Name of Lender / Creditor / Guarantor
_____ Name of Debtor (filer, spouse, domestic partner or child)	_____ Name of Lender / Creditor / Guarantor
_____ Name of Debtor (filer, spouse, domestic partner or child)	_____ Name of Lender / Creditor / Guarantor
_____ Name of Debtor (filer, spouse, domestic partner or child)	_____ Name of Lender / Creditor / Guarantor

SCHEDULE F
NATURAL RESOURCE LEASES

Natural Resource Leases

If NONE reportable, check box ☐

List all natural resource leases, including mineral, timber, or oil leases bid, held, or offered during **calendar year 2024**. Report this information for yourself, your spouse, domestic partner, non-dependent children residing with you, or dependent child who was a sole proprietor, a partnership or professional corporation of which you are a member, or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

_____ Leaseholder	_____ Nature of Lease
_____ Indicate: Bid, held, or offer made	_____ Identity of Lease and Description
_____ Leaseholder	_____ Nature of Lease
_____ Indicate: Bid, held or offer made	_____ Identity of Lease and Description

SCHEDULE G
GOVERNMENT CONTRACTS AND LEASES

Contracts and Offers to Contract

If NONE reportable, check box ☐

List all contracts and offers to contract with the state or instrumentality of the state or a municipality during **calendar year 2024** held, bid or offered. Report this information for yourself, your spouse, domestic partner, non-dependent children residing with you, or dependent children who was a sole proprietor, a partnership or professional corporation of which you are a member, or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

Name(s) of Contractor	Contracting Agency / Department
Indicate: Bid, held, or offer made	Contract number and description
Name(s) of Contractor	Contracting Agency / Department
Indicate: Bid, held, or offer made	Contract number and description

SCHEDULE H
CONTRACTS AND OFFERS TO CONTRACT WITH THE CITY OF KENAI

Contracts and Offers to Contract

If NONE reportable, check box ☐

List all contracts and offers to contract with the City of Kenai during **calendar year 2024** held, bid or offered. Report this information for yourself, your spouse, domestic partner, non-dependent children residing with you, or dependent children who was a sole proprietor, a partnership or professional corporation of which you are a member, or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

Name(s) of Contractor	Contracting Agency / Department
Indicate: Bid, held, or offer made	Contract number and description
Name(s) of Contractor	Contracting Agency / Department
Indicate: Bid, held, or offer made	Contract number and description
Name(s) of Contractor	Contracting Agency / Department
Indicate: Bid, held, or offer made	Contract number and description

SCHEDULE I
BUSINESS OR FINANCIAL DEALING OVER \$5,000 WITH ANY
MUNICIPAL OFFICER OF THE CITY OF KENAI

Business or Financial Dealing

If NONE reportable, check box ☐

List all business or financial dealing over \$5,000 with any municipal officer of the City of Kenai during **calendar year 2024**. Report this information for yourself, your spouse, domestic partner, non-dependent children residing with you, or dependent children who was a sole proprietor, a partnership or professional corporation of which you are a member; or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, domestic partner or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

CERTIFICATION

I certify under penalty of perjury the information in this Statement is to the best of my knowledge, true, correct and complete. A person who makes a false sworn certification which he or she does not believe to be true is guilty of perjury.

Signature

Date

Printed Name of Filer

Place

Where to file this Statement:

MUNICIPAL OFFICIALS AND CANDIDATES -- FILE STATEMENTS WITH THE

**Kenai City Clerk
210 Fidalgo Avenue
Kenai, AK 9611**

**Telephone: (907) 283-8231
Fax: (907) 283-5068**

Candidate Information for Publication
City of Kenai
Office of the City Clerk

210 Fidalgo Avenue
Kenai, Alaska 99611

Phone: (907) 283-8231
Fax: (907) 283-5068



This form, photo and candidate statement must be received no later than **Friday, August 15, 2025 at 4:30 PM**

[NOTE: Candidate information will be published on the City's and Borough website and in the Kenai Peninsula Borough Voter Pamphlet for City of Kenai Candidates.]

For Official Use Only

CANDIDATE PROFILE	
Name:	
Office Sought:	
Email:	Phone No.:
Education:	
ELECTED EXPERIENCE <small>Elected and/or appointed positions held and dates of service – List no more than 3</small>	
1.	
2.	
3.	
OTHER PROFESSIONAL EXPERIENCE <small>List no more than 3</small>	
1.	
2.	
3.	
COMMUNITY SERVICE <small>List no more than 3</small>	
1.	
2.	
3.	
CANDIDATE STATEMENT (200 words or less): On a separate sheet of paper (typed), you may submit a statement of your choice regarding your position on the issues, why you are running for office, etc. This statement will be printed EXACTLY as written.	

Note: You may submit a photograph suitable for reproduction. This photograph will be accepted for publication only if it meets the following standards:

1. Taken within the last five years; and
2. Composition limited to the head, neck and shoulders of candidate.

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ALASKA PUBLIC OFFICES COMMISSION



ANCHORAGE
2221 E. Northern Lights, Room 128
Anchorage, AK 99508-4149
Phone: (907) 276-4176 or
Toll free: (800) 478-4176
Fax: (907) 276-7018

Website: www.doa.alaska.gov/apoc
Email: apoc@alaska.gov

JUNEAU
240 Main St. #500
PO Box 110222
Juneau, AK 99811
Phone: (907) 465-4864
Fax: (907) 465-4832

MUNICIPAL EXEMPTION STATEMENT

Municipal candidates that do not intend to raise/spend more than \$5,000, including their personal funds, may file a Municipal Exemption Form. Exempt candidates are not required to file campaign disclosure reports during their campaign. If an exempt candidate exceeds \$5,000 in financial activity they must immediately file a Candidate Registration and file each report due after the change in status, disclosing all activity from the beginning of the campaign on their first report.

AS 15.13.040(g); 2 AAC 50.286.

Please note that unless a candidate meets the specific criteria found in AS 15.13.040(m)(1), they are required to file all forms and reports electronically, through the APOC Forms Online Filing System (<https://my.alaska.gov/>).

A candidate's use of corporate, state, or municipal resources (i.e., office phone/address, equipment, staff time, etc.) for campaign purposes is prohibited. AS 15.13.074(f); AS 15.13.145

CANDIDATE NAME: _____

CAMPAIGN ADDRESS: _____

CAMPAIGN PHONE: _____ CAMPAIGN EMAIL: _____

Election Month and Year:	Office / Race: (Optional)
Municipality / Borough:	District / Seat: (Optional)

Certification: I certify that the information contained in the foregoing document is true, complete, and correct.

I do not intend to raise/spend more than \$5,000 (including personal money) during my entire campaign for municipal office.	Signature	Date
	Printed name	

NOTICE: Candidates who loan personal funds to their campaign with the intent to repay themselves after the election may only do so if they file a Candidate Reimbursement Form within 5 days of putting personal funds into their campaign. If the campaign is able to repay the candidate's personal funds within 72 hours they may do so, and they do not need to file the Reimbursement Form. AS 15.13.078(b); AS 15.13.116(a)(4); 2 AAC 50.990(7)(c)(x)