



Greetings Alaska Republican Vacancy Applicant!

Thank you for applying for a Republican vacancy in the Alaska State Legislature.

Legislative vacancies occasionally occur in both the Alaska State House of Representatives and Senate. Alaska law requires a Republican legislative vacancy be filled with a qualified registered Alaskan Republican. The Governor appoints such a Republican to fill the vacancy, and Republican members of the chamber in which the vacancy occurs confirm the Governor's choice.

Governors have long respected Alaska Republican Party Rules by which the district committee or committees affected by the vacancy forward three names of qualified Republican applicants for consideration and selection by the Governor. This is the process for which you are applying.

The Alaska Republican Party application is attached. It must be completed and submitted as directed in the Notice of Vacancy. A cover letter and resume, also known as a curriculum vitae, or CV must also be submitted along with the application.

These documents are to be submitted electronically by email to the Alaska Republican Party at:  
[admin@alaskagop.net](mailto:admin@alaskagop.net)

Any questions may be resolved by contacting the relevant Alaska Republican Party District Chair, or the Alaska Republican Party office via the email cited above.

Sincerely,  
Glenn Clary  
ARP Chairman

Alaska Republican Party  
P.O. Box 201049, Anchorage, AK 99520

**DECLARATION OF CANDIDACY  
STATE SENATOR or STATE REPRESENTATIVE**

**GENERAL INFORMATION** (Please print or type)

I, \_\_\_\_\_, am a qualified voter and declare myself to be a resident of Alaska and of the District for which I declare my candidacy for the office of (*check one and write the district race*):

**STATE SENATOR** for DISTRICT \_\_\_\_\_ **OR**  **STATE REPRESENTATIVE** for DISTRICT \_\_\_\_\_

I request that my name be placed on the \_\_\_\_\_ ballot. I am registered with the political affiliation of \_\_\_\_\_ and am a candidate of the \_\_\_\_\_ political party.

**RESIDENCY INFORMATION**

My current Alaska residence address is: \_\_\_\_\_, AK \_\_\_\_\_.  
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since   /  /  . Previous address if you have lived at your current address less than one year:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Previous Residence Address: include City, State, Zip Code) (Previous Residence Address: include City, State, Zip Code)

I have been a resident of Alaska since   /  /  , and a resident of the Election District filed for since   /  /  .

My mailing address is: \_\_\_\_\_, \_\_\_\_\_.  
(Mailing Address) (City) (State) (Zip)

**Mailing address and phone number for correspondence and the Division of Elections' website listing:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)  
\_\_\_\_\_, \_\_\_\_\_  
(Candidate's Website) (Candidate's Email Address)

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

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First Name) (MI) (\*Nickname and/or Suffix)

**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. If I am filing for State Representative, I further certify that I shall be at least 21 years of age on the first scheduled day of the first regular session of the legislature convened after the election. If I am filing for State Senate, I further certify that I shall be at least 25 years of age on the first scheduled day of the first regular session of the legislature convened after the election. I am not a candidate for any other office to be voted upon at the Primary election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Primary Phone)

\_\_\_\_\_  
(Alternate Phone)

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

(SSN, ADL, Voter # or DOB)

Public Officials Financial Disclosure  
FORM

FILER INFORMATION

First Name:

Last Name:

Address:

City, State Zip:

Contact Phone:

Alternate Phone:

Fax (Optional):

Email:

Partner Type:

Spouse/Domestic Partner Name:

Dependent Children:

Non-Dependent Children:

PURPOSE OF FILING

Report Year:

Report Dates: From  
Through Filing As: **State Candidate**

District:

Election:

Report Type: **Candidate**

INCOME

Owner	Type	Detail	Description	Amount







## CANDIDATE REGISTRATION FORM

Filer First Name:

Filer Middle Name:

Filer Last Name:

Election:

Office Type:

### CANDIDATE INFORMATION

Election Year:

Candidate Display Name:

Candidate Legal First Name:

Candidate Legal Last Name:

---

Campaign Committee Name:

Campaign Mailing Address:

City, State Zip:

### BANK ACCOUNT / CAMPAIGN DEPOSITORY

Name of Bank:

Bank Address:

City, State, Zip:

## LETTER OF INTENT

Filer First Name:

Filer Middle Name:

Filer Last Name:

Election:

Office Type:

### CANDIDATE INFORMATION

Election Year:

Candidate Display Name:

Candidate Legal First Name:

Candidate Legal Last Name:

---

Campaign Mailing Address:

City, State Zip:

Phone:

Email:

Fax (Optional):