

PUBLIC NOTICE – VACANT ASSEMBLY SEAT

An Assembly Member has resigned from the City and Borough Assembly, effective upon adjournment of the June 23, 2026 Assembly meeting. The Assembly formally accepted the resignation on May 26, 2026.

In accordance with the Sitka Home Rule Charter and Sitka General Code, the Assembly shall appoint a qualified individual within 20 days after the vacancy occurs to serve as Acting Assembly Member until the next regular election.

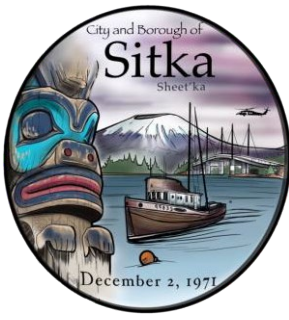
To be eligible for appointment, an individual must be a qualified voter of the municipality and must have been a resident of the municipality for at least one year immediately preceding the appointment.

Individuals interested in being considered for the vacant seat must submit a letter of interest, signed Certificate of Applicant Qualifications, and completed CBS Financial Disclosure Statement to the Municipal Clerk's Office no later than noon on Wednesday, June 17, 2026.

The appointment is scheduled to be made at the Regular Assembly Meeting on Tuesday, June 23, 2026.

For required forms or additional information, please contact the Municipal Clerk's Office at 907.747.1826 or clerk@cityofsitka.org.

Publish: May 29, June 3, 5, 10, 12



CITY AND BOROUGH OF SITKA

A COAST GUARD CITY

CERTIFICATION OF APPLICANT QUALIFICATIONS FOR VACANT ASSEMBLY SEAT

1. I AM A QUALIFIED VOTER OF THE CITY AND BOROUGH OF SITKA.

VOTER IDENTIFICATION NUMBER: _____

**2. I HAVE BEEN A RESIDENT OF THE MUNICIPALITY FOR AT LEAST ONE
(1) YEAR IMMEDIATELY PRECEDING THE APPOINTMENT TO OFFICE.**

LENGTH OF RESIDENCY IN SITKA: _____

By signing below, I swear or affirm the following facts stated above are true to the best of my knowledge and belief.

SIGNATURE: _____ DATE: _____

EMAIL: _____ PHONE: _____

RECEIVED IN THE CLERK'S OFFICE BY:

Municipal Clerk Signature

DATE: _____

CITY AND BOROUGH OF SITKA
2026 PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT
BACKGROUND INFORMATION

1. This report is for mayor, assembly members, school board members, planning commission members; and the municipal manager.
2. This report is for the preceding calendar year, so include any information about financial interests held between January 1, 2025 and December 31, 2025.
3. You must show your financial interests and those held by your spouse, domestic partner, or dependent children during the preceding calendar year.
4. If you need assistance completing this form, please call the Clerk's Office: 907-747-1811
5. **SIGN THIS REPORT ON THE LAST PAGE**

NAME: _____
Phone Fax Number

OCCUPATION: _____

MAILING ADDRESS: _____
(Current Street Address or Post Office Box) E-Mail Address

(City/Town and Zip Code)

MUNICIPAL OFFICE HELD OR SOUGHT

OFFICE: _____ TERM OF OFFICE: FROM _____ TO _____
TITLE: _____

TYPE OF STATEMENT (CHECK ONE):

- CANDIDATE STATEMENT Must be filed with your declaration of candidacy
 INITIAL STATEMENT For newly appointed state and municipal officials
 ANNUAL STATEMENT Due by March 15

SPOUSE OR DOMESTIC PARTNER: _____

DEPENDENT CHILDREN: _____

**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, or dependent children more than \$5,000 during **calendar year 2025**.

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 or dependent child during **calendar year 2025**.

If the business is non-retail, list the first and last name and address 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
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 2025**. If property is located outside Alaska and managed by a person other than you, your spouse, domestic partner, dependent child, you may list the managing agent instead of listing each tenant.

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 2025** 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 you 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 Schedule D, page 7)

_____	_____
_____	_____
_____	_____

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, workman'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.

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, or dependent child during **calendar year 2025**.

- 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 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, 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 **calendar year 2025**.

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.

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, Leasehold) 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, Leasehold) 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, Leasehold) 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, Leasehold) 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, Leasehold) Current Use (Optional)

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 2025** by you, your spouse, domestic partner, or dependent children.

List financial obligations including mortgages on property sold during **calendar year 2025**; loans that have been guaranteed; delinquent taxes, alimony, child support payments; medical bills; mortgage, boat and auto loans; personal loans; escrow's; student loans; signature loans; and promissory notes. Loans include secured, unsecured and contingent loans. Do not report credit card obligations or revolving charge accounts.

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

 Name of Debtor (filer, spouse, domestic partner or child)

 Name of Lender/Creditor/Guarantor

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 2025**. Report this information for yourself, your spouse, domestic partner, 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 F
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 2025** held, bid or offered. Report this information for yourself, your spouse, domestic partner, 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.

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

CERTIFICATION

I certify under penalty of perjury that 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 local City or Borough Clerk in the jurisdiction where you hold or seek office.

Municipal Clerk's Office
100 Lincoln St. Rm 306
Telephone 907-747-1811
FAX 907-747-7403