

Action: Approved | Denied | Other
 Date Action Taken: February 8, 2021
 Verified By: [Signature]
 Clerk's Note: Bunny absent

**City of Wasilla
 Action Memorandum No. 21-09**

Confirming The Appointments Of Scott Anderson And Dr. James D. Martin To The Wasilla Airshow Advisory Committee.

Originator: Mayor Glenda D. Ledford
 Date: 1/27/21

Agenda of: 2/8/2021

Route to:	Department Head	Signature	Date
X	Public Works Director	[Signature]	1/27/21
X	Finance Director	[Signature]	1-27-21
X	Deputy Administrator	[Signature]	1/27/21
X	City Clerk	[Signature]	1/28/21
X	Mayor	Glenda D. Ledford	1/27/2021

Fiscal Impact: yes or no

Funds Available: yes or no

Attachments: Completed applications for Scott Anderson (2 pages) and Dr. James D. Martin (4 pages).

Summary Statement: In accordance with WMC 2.44.030, Mayor Ledford recommends the following appointments for confirmation by the City Council:

- WASILLA AIRSHOW ADVISORY COMMITTEE Pursuant to City of Wasilla Resolution 18-25
- Scott Anderson
 - Dr. James D. Martin

Staff Recommendation: Adopt AM No. 21-09.

Office of the City Clerk
City of Wasilla, Alaska

www.cityofwasilla.com

290 E Herring Avenue
Wasilla, AK 99654
Phone: (907) 373-9090
Fax: (907) 373-9092
E-mail: clerk@ci.wasilla.ak.us

Application for Appointment Special Purpose Committee or Task Force

Applications are Subject to Public Disclosure

Return completed applications to the City Clerk's Office, 290 E Herring Avenue. For information about special purpose committees and task forces, visit www.cityofwasilla.com or call 373-9090.

1. What is the name of the special purpose committee or task force you are applying for?

Wasilla Airshow Advisory Committee

2. Full Legal Name of Applicant: Scott Corey Anderson

3. Mailing Address: 4265 w. Airpark dr. Wasilla, Ak 99623

4. Residence Address: Same

5. E-mail Address: scottanderson@gci.net Phone: (907) 602-8516

6. Employer: Retired Occupation: _____

7. Are you a resident of the City of Wasilla? Yes No If yes, how long? 2 Years

8. Does your schedule permit you to attend meetings regularly? Yes No

9. If you own or operate a business in the City of Wasilla, list the business name and physical location below:

Name: N/A Location: _____

10. If you have a direct or indirect financial or business interest with the City of Wasilla, list the relationship below: (Examples: employee, labor organization, contractor, leaseholder, grantee, grantor, volunteer, etc.)

None

11. Please provide a one-page resume to include education and experience, or a brief statement describing your interest in City government, and any relevant experience that would qualify you for the position or that would enhance your membership.

Age: 55 years old
Experience: Retired Firefighter/Businessman. Strong
background in Safety as Firefighter/Pilot/Coast Guard Master.
15 Yr. experience founding, growing, and selling
businesses.

12. Certification Statement. I understand that I am applying for an appointed position to be confirmed by the Wasilla City Council. The appointment requires regular attendance at meetings. I further understand that this application is subject to public disclosure; my qualifications may be discussed at a public meeting; my application will be included in a public meeting packet; and my name and contact information may be published online and in a newspaper or other media outlet. I have read Chapter 2.12 of the Wasilla Municipal Code defining financial interest, substantial financial interest, and conflict of interest. I agree to comply with the code and understand that my tenure requires such compliance. I certify that the information in this application is true and correct.

Signature of Applicant:  Date: 1-9-2021

For Office Use Only:		
RECEIVED JAN 12 2021 Office of the City Clerk City of Wasilla	Date Application Received: _____	Registered voter of the City: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Resume attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	AM Confirming Appointment: _____ Date AM Approved: _____ Date Applicant Notified of Appointment: _____ Notes: _____	

RECEIVED

Office of the City Clerk
City of Wasilla, Alaska

www.cityofwasilla.com

JAN 18 2021

Office of the City Clerk
City of Wasilla

290 E Herning Avenue
Wasilla, AK 99654
Phone: (907) 373-9090
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**Application for Appointment
Special Purpose Committee or Task Force**

Applications are Subject to Public Disclosure

Return completed applications to the City Clerk's Office, 290 E Herning Avenue. For information about special purpose committees and task forces, visit www.cityofwasilla.com or call 373-9090.

1. What is the name of the special purpose committee or task force you are applying for?

Wasilla Airshow Advisory Committee

2. Full Legal Name of Applicant: Dr. James D. Martin

3. Mailing Address: 400 N. Main Street, Wasilla AK 99654

4. Residence Address: 740 N Martin Circle, Wasilla AK 99654

5. E-mail Address: 1jcmartin@mtaonline.net

Phone: (907) 355-2022

6. Employer: Valley Chiropractic Clinic, Inc

Occupation: Doctor of Chiropractic

7. Are you a resident of the City of Wasilla? Yes No

If yes, how long? _____

8. Does your schedule permit you to attend meetings regularly? Yes No

9. If you own or operate a business in the City of Wasilla, list the business name and physical location below:

Name: Valley Chiropractic Clinic, Inc

Location: 400 N Main Street

10. If you have a direct or indirect financial or business interest with the City of Wasilla, list the relationship below: (Examples: employee, labor organization, contractor, leaseholder, grantee, grantor, volunteer, etc.)

None

11. Please provide a one-page resume to include education and experience, or a brief statement describing your interest in City government, and any relevant experience that would qualify you for the position or that would enhance your membership.

See Attached

12. Certification Statement. I understand that I am applying for an appointed position to be confirmed by the Wasilla City Council. The appointment requires regular attendance at meetings. I further understand that this application is subject to public disclosure; my qualifications may be discussed at a public meeting; my application will be included in a public meeting packet; and my name and contact information may be published online and in a newspaper or other media outlet. I have read Chapter 2.12 of the Wasilla Municipal Code defining financial interest, substantial financial interest, and conflict of interest. I agree to comply with the code and understand that my tenure requires such compliance. I certify that the information in this application is true and correct.

Signature of Applicant:  Date: 1/15/2021

For Office Use Only:		
Date Application Received: RECEIVED JAN 18 2021 Office of the City Clerk City of Wasilla	Registered voter of the City: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Resume attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	AM Confirming Appointment: _____ Date AM Approved: _____ Date Applicant Notified of Appointment: _____ Notes:

Curriculum Vitae

James D. Martin, DC, CCSP, FICC
400 N. Main St.
Wasilla, AK 99654

ljcmartin@mtaonline.net

92-0139651

EDUCATIONAL BACKGROUND

COLLEGE OF IDAHO, Caldwell, Idaho.
Bachelor of Science in Biology, Physical Therapy, 1980

LOS ANGELES COLLEGE OF CHIROPRACTIC, known as,
SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES,
Whittier, California. Doctor of Chiropractic, December 1984.

LOS ANGELES COLLEGE OF CHIROPRACTIC, known as,
SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES,
Whittier, California. Certified Chiropractic Sports Physician, 1995.

PROFESSIONAL EXPERIENCE

American Chiropractic Association- ALASKA STATE DELEGATE, 2006-2021
Instrumental in Establishing VA Chiropractic Services throughout Alaska
Meet annually with Alaska's Senators, Director of Alaska VA Healthcare System,
Presentations at VA Pro Staff Meetings annually.
Current ACA Committee Member: MEC, Bylaws, LAB/PAC, Sgt-at-Arms.

American Chiropractic Association- ALASKA STATE ALTERNATE DELEGATE 2002-2005
Worked to pass Legislation on VA Chiropractic Benefit, 2003 Congress
authorized the Federal Government to hire Chiropractors to care for Veterans.

Alaska Chiropractic Association- STATE LEGISLATIVE COMMITTEE MEMBER 2008-2021
Instrumental in Modernizing Alaska's DC Scope of Practice, Signed into Law August 2016
Authored 2020 Alaska State Medicaid Barriers to Chiropractic Care Report for HHS Opioid Task Force

VALLEY CHIROPRACTIC CLINIC, INC., Wasilla, Alaska.
1984 – PRESIDENT, OWNER. 37 years of clinical experience.

IDAHO SCHOOL DISTRICT, Caldwell, Idaho. 1979-1980. Physical
Education Instructor for the physically and mentally handicapped.

MERCY GENERAL HOSPITAL, Nampa, Idaho. 1978-1980. Physical
Therapy. Assistant with acute and rehabilitation management of patients.

AFFILIATIONS and AWARDS

American Chiropractic Association 2020 "Humanitarian of the Year"
Alaska Chiropractic Society 2018 "Chiropractor of the Year"
FICC, Fellowship International Chiropractic College inducted 2017
Alaska Chiropractic Society 2010 "Chiropractor of the Year"
International Chiropractic Pediatric Association 2017-2021
American Chiropractic Association 1984-2021
Alaska Chiropractic Society 1984-2021

ACA Council on Sports Injuries & Physical Fitness 1991-2021
Society of Certified Chiropractic Sports Physicians 1995-2021
Boy Scouts of America, Eagle Scout Rank 1976-2021
Wasilla Sunrise Rotary Membership Committee Chair 2012-2021
MatSu YMCA Vice President of Advisory Committee 2018-2021