

Candidate's Declaration of Intention **CS****BALLOT INFORMATION:**

1. Name - exactly as it will appear on the ballot (include ALL punctuation):

Amanda Nielsen

2. City:

Lawrence

3a. Office sought

City Commissioner

3b. District no.

4. Term: Regular ☒ Unexpired ☐**OFFICE INFORMATION:**

5. For mailing purposes, indicate preferred title:

Mr. Mrs. (Ms)

6. Date filed

5/7/25

7. Residential address (street or rural route)

209 Tumbleweed Dr.8. City Lawrence9. County Douglas10. Zip code 66049

11. Mailing address (if different)

12. Telephone number:

Home

785-840-0270

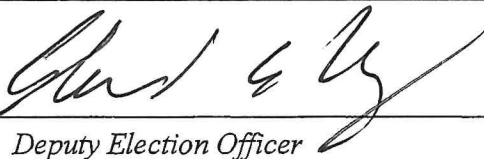
Work

CANDIDATE STATEMENT & SIGNATURE:

I declare that I intend to become a candidate for the above-stated office at the appropriate election.



Signature of Candidate

ATTESTATION:_____
County Election Officer
or City Clerk_____
Deputy Election Officer