

Candidate's Declaration of Intention **CS**DOCCD KSGS 2019
MAY 12, 2019**BALLOT INFORMATION:**1. Name - exactly as it will appear on the ballot (include ALL punctuation):

Amanda Nilsen

2. City:

Lawrence

3a. Office sought City Commissioner3b. District no. _____4. Term: Regular Unexpired _____**OFFICE INFORMATION:**5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed 5/7/257. Residential address (street or rural route) 209 Tumbleweed Dr.8. City Lawrence 9. County Douglas 10. Zip code 6604911. 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

