

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

NOV 7 25 PM 12:41
060 KS ELECTION REC

This is an (Check one)

☐

Initial Appointment

☐

Amended Statement

CANDIDATE

(Please Type or Print)

| | | | |
|-----------------|--------------------|--------------|--------------------|
| Name | Amanda Nielsen | | |
| Mailing Address | 209 Tumbleweed Dr. | | |
| City | Lawrence | County | Douglas |
| Zip Code | 66049 | | |
| Telephone | 785-840-0270 | Email | alynnien@gnail.com |
| Office Sought | City Commissioner | District No. | |

TREASURER

| | | | |
|-----------------|-----------------------|----------|--------------------|
| Date Appointed | Amanda Nielsen 5/7/25 | | |
| Name | Amanda Nielsen | | |
| Mailing Address | 209 Tumbleweed Dr. | | |
| City | Lawrence | Zip Code | 66049 |
| Telephone | 785-840-0270 | Email | alynnien@gnail.com |

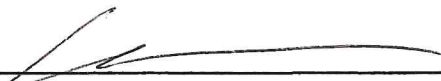
OR CANDIDATE COMMITTEE

| | | | |
|--------------------|--|----------|--|
| Date Appointed | | | |
| Chairperson's Name | | | |
| Mailing Address | | | |
| City | | Zip Code | |
| Telephone | | Email | |
| Treasurer's Name | | | |
| Mailing Address | | | |
| City | | Zip Code | |
| Telephone | | Email | |

SIGNATURE

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

5/7/25
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS