

APPPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE

DOQ KS ELECTION  
AY 7/25 PM12:41

This is an (Check one)  Initial Appointment  Amended Statement  
CANDIDATE (Please Type or Print)

Name	Amanda Nilsen		
Mailing Address	209 Tumbleweed Dr		
City	Lawrence	County	Douglas
Telephone	785-890-0270	Email	alynnelsen@gmail.com
Office Sought	City Commissioner		
	District No.		

TREASURER

Date Appointed	Amanda Nilsen 5/7/25		
Name	Amanda Nilsen		
Mailing Address	209 Tumbleweed Dr.		
City	Lawrence	Zip Code	66049
Telephone	785-890-0270	Email	alynnelsen@gmail.com

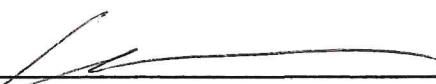
OR CANDIDATE COMMITTEE

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