Candidate's Declaration of Intention CS

BALLOT INFORMATION:	
1. Name - exactly as it will appear on the ballot (include ALL punctuation):	
Amber Sellers	
2. City:	
Lawrence	ļ
3a. Office sought Commission 3b. District no.	
4. Term: Regular	
4. Tolin. Regular	
OFFICE INFORMATION:	
5. For mailing purposes, indicate preferred title: Mr. Mrs. Ms. 6. Date filed 5/14/	202
7. Residential address (street or rural route) 5100 W- 10th St. Apt. A1	
8. City Lawrence 9. County Douglas 10. Zip code 6604	9
11. Mailing address (if different)	
12. Telephone number: Home 316 204 1769 Work 785 296 8328	<u>\$</u>
CANDIDATE STATEMENT & SIGNATURE:	
I declare that I intend to become a candidate for the above stated office at the appropriate election.	,
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ATTESTATION:	
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County Election Officer Deputy Election Officer	
or City Clerk	
2729649 EE	
NAGE ************************************	

KSA 25-2020, 25-2110, 25-2110a

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one) Initial Appointment Amended Statement
CANDIDATE (Please Type or Print)
Name Amber Sellers
Street 5100 W. Wth St. Apt Al
City Lawrence County Douglas zip Code 66049
Home Telephone 316 204 1769 Business Telephone
Office Sought Lawrence City Commission District No.

TREASURER
Date Appointed May 14 2021
Name Amber Sellers
Address 5100 W. Leth St. Apt. Al
City Lowrevice Zip Code (01049)
Home Telephone 316 204-1769 Business Telephone 785 296-8238
OR CANDIDATE COMMITTEE
Date Appointed
Chairperson's Name
Address
City Zip Code
Home Telephone Business Telephone
Treasurer's Name
Address
City Zip Code
Home Telephone Business Telephone
THE WHAT A PRINCIPLE WIT
SIGNATURE
I declare that this statement has been examined by me and to the best of my knowledge and belief is true,
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, or rect and complete. I understand that the intentional failure to file this document or intentionally filing a
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