

# Candidate's Declaration of Intention **CS**

City/School Form

## BALLOT INFORMATION:

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

PETER VICTOR SHENONDA

2. City:

LAWRENCE

3a. Office sought

City Commission

3b. District no.

Lawrence

4. Term: Regular

☒

Unexpired

## OFFICE INFORMATION:

5. For mailing purposes, indicate preferred title:

☒ Mr.

Mrs.

Ms.

6. Date filed

4/29/25

7. Residential address (street or rural route)

4100 TEAL DRIVE

8. City

Lawrence

9. County

Douglas

10. Zip code

66047

11. Mailing address (if different)

12. Telephone number:

Home

Work

785-530-4148

## CANDIDATE STATEMENT & SIGNATURE:

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

Peter S. Shenonda

Signature of Candidate

## ATTESTATION:

County Election Officer  
or City Clerk

Deputy Election Officer