City/School Form

Candidate's Declaration of Intention CS

BALLOT INFORMATION:

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

MARK KASSON

2. **City:**

LECOMPTON

3a. Office sought CITY COUNCIL

3b. District no. _____

4. Term: Regular ✓ Unexpired ____

OFFICE INFORMATION:

5. For mailing purposes, indicate preferred title: (Mr.) Mrs. Ms. 6. Date filed 6/1/2026

7. Residential address (street or rural route) 602 JONES STREET

8. City LECOMPTON 9. County DOUGLAS 10. Zip code 66050

11. Mailing address (if different) Po Box 4475 LAWRENCE KS 66046

12. Telephone number: Home 785 760 4510 Work 785 760 4510

CANDIDATE STATEMENT & SIGNATURE:

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

Mark S Kasson

Signature of Candidate

ATTESTATION:

_____

County Election Officer
or City Clerk

Deputy Election Officer

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

Rev. 12/00 bac