City/School Form

Candidate's Declaration of Intention CS

BALLOT INFORMATION:

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

Mary Jane Hoffman

2. **City:**

Lecompton

3a. Office sought Council

3b. District no. _____

4. Term: Regular ✓ Unexpired _____

OFFICE INFORMATION:

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

7. Residential address (street or rural route) 316 3rd St.

8. City Lecompton 9. County DG 10. Zip code 66050

11. Mailing address (if different) PO Box 93

12. Telephone number: Home 785 393 3312 Work _____

CANDIDATE STATEMENT & SIGNATURE:

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

Mary Jane Hoffman

Signature of Candidate

ATTESTATION:

_____

County Election Officer or City Clerk

Deputy Election Officer

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

Rev. 12/00 bac