





## KANSAS CITY BOARD OF ELECTION COMMISSIONERS

SARAH (SALLY) MILLER, Chair RALPH F. MUNYAN II, Member SHAWN KIEFFER, Director DAVID RAYMOND, Attorney SHARON TURNER BUIE, Secretary VACANT, Member LAURI EALOM, Director CHARLES RENNER, Attorney

## WRITE-IN CANDIDATE DECLARATION FORM PLEASE PRINT

| l,                                     | a resident and registered voter of the City of Kansas City, Missouri, |   |                         |                      |
|--|---|---|-------------------------|----------------------|
| residing at                            | g atdo announce myself a write-in candidate for the                   |   |                         |                      |
| office ofto b                          |   | to be voted a                                       | e voted at the          |                      |
| Election to be                         | e held on the day o   | f, 20_  | pursuant to RSM         | /lo 115.453(4). I    |
|  |   | nign disclosure reports due fr                      |                         |                      |
| section 130.0                          | 71 RSMo. I further affirm th  | at I meet the qualifications for                    | or the office I am see  | eking.               |
| I hereby swe                           | ar or affirm that the informat  | on contained in the foregoin                        | g declaration of cand   | didacy is, to the    |
| best of my kr                          | nowledge, true.   |   |                         |                      |
|  | Signature of Candidate  |   |                         |                      |
|  | Telephone Number  |   |                         |                      |
| Subscribed and sworn to before me this |   | day of  |                         | , 20                 |
| (SEAL)                                 |   |   |                         |                      |
| `                                      |   | Signature of election officia oaths                 | l or other officer autl | norized to administe |
|  | FOR OFFICE USE ONLY   | ľ   |                         |                      |
|  | I.D. Checked Voter ID #   |   |                         |                      |
|  | =   | At Above Address Since<br>At Previous Address Since |                         |                      |