<u></u>	Time	Form A
	DECLARA	TION OF CANDIDACY
I,		, a resident and registered voter of the
Ca	andidate Name	
County of Car	rroll, and the state of Missouri, re	-
	, do a	nnounce myself a candidate for the office of
	Sub-District or Ward	_, in the political entity of
	NI COCC C 1	
	Name of Entity	to be voted for at the
General Muni	cipal Election to be held on the 8	8th day of April, 2025.
B) I hav C) I hav D) I hav a Fin	re reviewed the qualifications for the never pled guilty nor have bee the no outstanding campaign finar	
	Print your name exactly as yo	ou desire it to appear on the ballot.
	Name as to appear	r on ballot
	<u> </u>	
Residence Ad	dress	City, State, Zip
Mailing Addr	ess (if different)	Mailing City, State, Zip
Telephone Nu	ımber	E-Mail Address (Optional)
		Signature of Candidate
Subscribed an	d sworn to before me the	_day of,
		day of, board secretary or officer authorized to administer oaths