

**PETITION OF NOMINATION
KANSAS SILVER HAired LEGISLATURE**

NAME : _____

ADDRESS: _____

PHONE: _____

E-Mail: _____

COUNTY: _____ **District:** _____

WE, THE UNDERSIGNED, WISH TO NOMINATE THE ABOVE NAMED PERSON FOR THE KANSAS SILVER HAired LEGISLATURE. WE CERTIFY THAT WE ARE RESIDENTS OF THE ABOVE DISTRICT/COUNTY AND ARE 60 YEARS OF AGE OR OLDER.

SIGNATURE

ADDRESS

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