



"...meeting community needs...enhancing quality of life."

**OFFICE OF THE CITY CLERK**

100 North Appleton Street

Appleton, WI 54911-4799

(920) 832-6443

(920) 832-5823 FAX

**BALLOT ACCESS FORMS RECEIPT**

NAME Aneb Jah Rasta Sensas-Utcha Neferl  
ADDRESS 620 1/2 S. Memorial Dr  
PHONE 920-364-9254  
OFFICE SOUGHT Alderperson - Dist 1

**CAMPAIGN REGISTRATION STATEMENT**

Date Filed: Original 10-16-08

Amended \_\_\_\_\_

**NOMINATION PAPERS FOR NONPARTISAN OFFICE**

Date Filed: 12-3-08

Received: In person  Mail

Number of Signatures 22 +12 34 (al) Pages #7 (al)

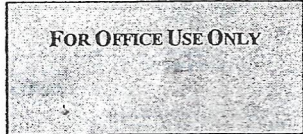
**DECLARATION OF CANDIDACY**

Date Filed: Oct. 16, 2008

CINDI HESSE

City Clerk

Aneb Jah Rasta Sensas-Utcha Nefer I



DECLARATION OF CANDIDACY

(See instructions for preparation on back)

Is this an amendment? [ ] Yes [ ] No

I, ANEB JAH RASTA SENSAS-UTCHA NEFER I being duly sworn, state that

I am a candidate for the office of ALDERMAN

representing [Signature] representing

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned. I have not been convicted of a misdemeanor involving a violation of public trust for which I have not been pardoned.

My present municipality of residence for voting purposes is: [Signature] 624.5 South Memorial St. Appleton WI 54911

My name as I wish it to appear on the official ballot is as follows: [Signature] (Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

[Signature] (Signature of candidate)

STATE OF WISCONSIN )
County of Outagamie ) ss.
(County of notarization)

Subscribed and sworn to before me this 16th day of Oct 2008

[Signature] (Signature of person authorized to administer oaths)

NOTARY SEAL NOT REQUIRED

My commission expires [Signature] or [ ] is permanent.
Notary Public, State of Wisconsin
My Commission Expires July 10, 2011
(Official title if not a notary)

EB-162 (Rev. 5/97) (Address 2/2004) The information on this form is required by §8.21, Stats., Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. §§8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 120.06 (6)(b), Stats.

This form is prescribed by the STATE ELECTIONS BOARD, P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005
http://elections.state.wi.us seh@seh.state.wi.us