Candidate Qualifying Checklist

Candidate's Name:	Sandra	E. Keenar) HEGELY-	
Office Sought:	akewood Ra	nch CDD6-	Seat 4 2020 JUH-8 PM 2: 13	
Qualifying Fee (Unless	qualifying by the petition	n method):		
Check of Check of Check of Check of Check in the Check in	drawn on bank designate is not less than the qua and numerical numbers is signed by treasurer or	ount (Unless Special Ded on Form DS-DE 9 alifying fee s are both filled in and by deputy treasurer	d are the same	;y)
Appointment of Campa	ign Treasurer (Form DS	SDE 9) (Do not file ag	ain if previous filing is correct)	
Party af Campai Primary Candida Candida Candida Candida Campai	provided — must include filiation provided, if appendiction provided, if appendiction designated depository designated ate original signature ate indicated date signed gn treasurer's acceptance gn treasurer's signature gn treasurer indicated d	plicable I ce of appointment con provided	ing district, if applicable mplete	
Financial Disclosure Fi	led (Form 6 or Form 1 w	vhichever appropriate	e)	
(Venue j	rm ate's signature provided provided (county where notarization provided lly known or identificat a notary signature name stamped or printer commission not expired	oath was taken)	eated	
Candidate Oath Filed - (DS-DE 3018	Original SL, DS-DE 302NP, DS-DE 3	303JU, or DS-DE 304SB	3 whichever appropriate)	
Office County Under S Candid Venue Date of Persona	provided (must include of legal residence Statement of Party, party ate signature provided (county where notarization ally known or identificat	name of office incluy affiliation provided e oath was taken) tion is indicated seal (Notary commis	the ballot provided (First and last namulating district, if applicable) (if applicable) ssion not expired when notarized.)	ıe)