



****If you choose to not fill out this form, the information provided on your Declaration of Candidacy will be used for public information purposes****

This information will be available to the public and will be posted on the Secretary of State's website. It will also be used for any public or media inquiries regarding your candidacy and/or campaign. Please be sure that all information you provide is accurate and that you have not included any information that you do not wish to be made public.

Legal Name: MONICA LARSON

Name to Appear on Ballot: LARSON, MONICA "DOC"
(In accordance with NRS 293.256 & 293.2565/must match Declaration of Candidacy)

Office Filing for: HENDERSON CITY COUNCIL, WARD 2

Party Affiliation: NONPARTISAN OFFICE

Campaign Contact Name: DR. MONICA LARSON

Campaign Contact Phone Number: 626-979-4458

Campaign Mailing Address: _____

Campaign Email Address: THEDRMONICALARSON@GMAIL.COM

How does a constituent, including those with accessibility needs (i.e., those who are deaf/hard of hearing or with visual impairments, etc.) contact you to learn more about your campaign?
