Office of the Kansas Secretary of State Candidate's Declaration of Intention

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1	Ballot Information					
	Name (as it will appear on the ballot, including punctuation)					
	City of Residence (as it will appear on the ballot)					
	Office Sought	District No.				
	Party Nomination Sought: O Democratic O Republ				r O Unexpired	
2	Elected Judicial Candidates Only (comple	ete if applic	able)			
	District Court Judge Division No.	District Mag	gistrate Judge Po	sition No.		
3	Contact Information () All information is public record					
	Select one: O Mr. O Ms. O Dr.					
	City	County			Zip	
	Mailing Address (if different from residential address)	City		State	Zip	
	Phone (optional)	(optional) Cell Phone (optional)				
	Email (optional)	Website (optional)				
4	Candidate Signature					
	I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above- stated office at the appropriate election.					
	Date / / Month Day Year			SIGN	IN THIS BOX	
A	TTESTATION (for office use only)					
Se	ecretary of State or County Election Officer					
As	ssistant Secretary of State or Deputy County Election Officer					
No	ptary (applicable only for precinct committeeman or committee	ewoman)				