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 Republic	can		Term: O Regula	r O Unexpired
2	2 Elected Judicial Candidates Only (complete if applicable)				
	District Court Judge Division No.	District Magistrate Judge Position No.			
3	Select one: Mr. Ms. Mrs. Dr.				
	Residential Address				
	City	County			Zip
	Mailing Address (if different from residential address)	City		State	Zip
	Phone (optional)	Cell P	Phone (opt	ional)	
	Email (optional)	Website (optional)			
4	Candidate Signature				
	I declare that I am affiliated with the above-state and that I intend to become a candidate for the stated office at the appropriate election.				
	Date / /			SIGN I	N THIS BOX
ATTESTATION (for office use only)					
Se	cretary of State or County Election Officer				
Ās	sistant Secretary of State or Deputy County Election Officer				
No	otary (applicable only for precinct committeeman or committee	ewoman)			