

# Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

2718194



### 1 Ballot Information

Sara L. Taliaferro

Name (as it will appear on the ballot, including punctuation)

Lawrence

City of Residence (as it will appear on the ballot)

County Commissioner District 2

Office Sought

District No.

Party Nomination Sought:  Democratic  Republican Term:  Regular  Unexpired

### 2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No.

District Magistrate Judge Position No.

### 3 Contact Information i All information is public record

Select one:  Mr.  Ms.  Mrs.  Dr.

2145 New Hampshire Street

Residential Address

Lawrence

City

Douglas

County

66046

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) 785 - 393 - 0225

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 06 / 01 / 2020  
Month Day Year

Sara L. Taliaferro  
SIGN IN THIS BOX

#### ATTESTATION (for office use only)

[Signature]  
Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

JUN 1 2020 AM 10:08