

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

FORM
CD**1 Ballot Information**John Landon

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

Lawrence, KS

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

Commissioner

Office Sought

3

District No.

Party Nomination Sought: ☐ Democratic☒ RepublicanTerm: ☒ Regular ☐ Unexpired**2 Elected Judicial Candidates Only (complete if applicable)**

District Court Judge Division No.

District Magistrate Judge Position No.

3 Contact Information **!** All information is public recordSelect one: ☒ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.1057 N 900 Rd.

Residential Address

Lawrence

City

Douglas

County

666047

Zip

Mailing Address (if different from residential address)

City

KS

State

Zip

Phone (optional) _____ - _____ - _____

Cell Phone (optional) 785 - 423 - 3348

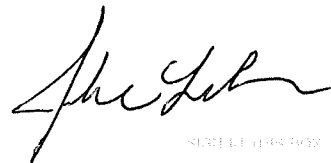
Email (optional)

Website (optional)

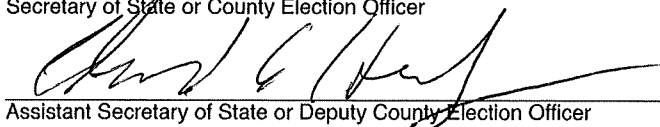
4 Candidate Signature

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 04 / 11 / 2024
 Month Day Year


ATTESTATION (for office use only)

Secretary of State or County Election Officer



Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)