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\$462.26

Office of the Kansas Secretary of State

## Candidate's Declaration of Intention

FORM  
CD

## 1 Ballot Information

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

DR. JUSTIN SPIEHS  
LAWRENCE

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

DGLCO COMMISSIONER DISTRICT 1

Office Sought

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 1 All information is public recordSelect one: ☐ Mr. ☐ Ms. ☐ Mrs. ☒ Dr.

Residential Address

3904 KIMOS CIRCLE  
LAWRENCE

City

DG

County

66049

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional)

Cell Phone (optional)

Spielsjustin@gmail.com

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 / 13 / 2022

Month Day Year

SIGN IN THIS BOX

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)

DOUGLAS COUNTY KS  
22 APR 13 PM 12:10:04