

Candidate's Declaration of IntentionDOWNLOAD THIS FORM AT WWW.SOS.KS.GOV**FORM
CD****1 Ballot Information**LISA LARSEN

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

LAWRENCE

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

Douglas Co. Commission

Office Sought

2

District No.

ELECTION DAY
SNOELLOPTE '00 SU 10000Party 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 record**Select one: Mr. Ms. Mrs. Dr.1117 AVALON Road

Residential Address

LAWRENCE
CityDouglas
County66044
Zip

Mailing Address (if different from residential address)

City

State Zip

Phone (optional) _____

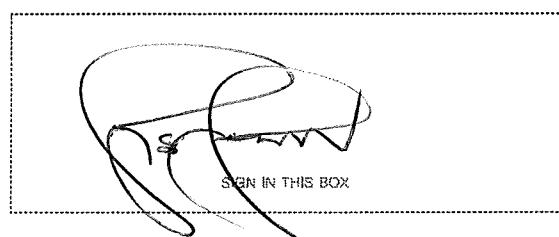
Cell Phone (optional) 785-331-9162

Email (optional)

Website (optional)

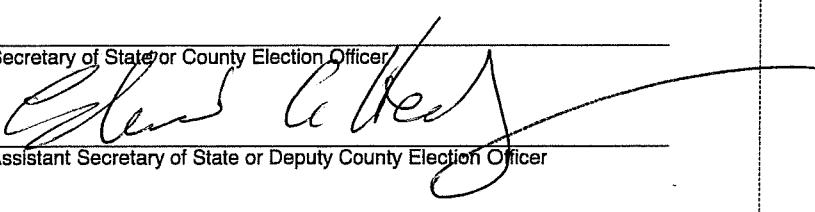
4 Candidate Signature

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 05/06/2024
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)

