

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

FORM
CD**1 Ballot Information**MIKE KELSO

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

EUDORA

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

COUNTY COMMISSIONER

Office Sought

4

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.2174 N. 900 RD

Residential Address

EUDORA

City

DOUGLAS

County

66025

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) 785-542-2931Cell Phone (optional) 785-424-0959mpkelso@gmail.com

Email (optional)

kelsofordouglascounty.com

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 021 161 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)

