

Candidate's Declaration of Intention

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**FORM
CD****1 Ballot Information**Nicholas Matthews

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

Lawrence

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

douglas county commissioner

Office Sought

5

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 record**Select one: ☒ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.2401 Massachusetts Street

Residential Address

Lawrence

City

douglas

County

66046

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) 785-843-6491

Cell Phone (optional) _____

nichmathe@ gmail.com

Email (optional)

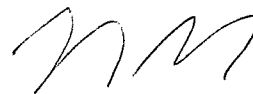
Website (optional)

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 04/26/2024

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)