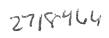
Office of the Kansas Secretary of State Candidate's Declaration of Intention





1 Ballot Information	
Name (as it will appear on the ballot, including punctuation)	
Lawrence	•
City of Residence (as it will appear on the ballot)	
County Comission	3
Office Sought	District No.
Party Nomination Sought: O Democratic Republi	ican Term: Segular O Unexpired
2 Elected Judicial Candidates Only (comple	te if applicable)
District Court Judge Division No.	District Magistrate Judge Position No.
3 Contact Information () All information is p	nublic record
Select one: \bullet Mr. O Ms. O Mrs. O Dr. 582 N 1850 LO	
Residential Address	C 1 21 29
Lawrence	Douglas 6604.1
City	County Zip
Mailing Address (if different from residential address)	City State Zip
Phone (optional) $785 - 213 - 2921$	Cell Phone (optional) 7 85 - 766 - 5064
Ronald Thacker a hotera locoin	
Email (optional)	Website (optional)
4 Candidate Signature	
I declare that I am affiliated with the above-state and that I intend to become a candidate for the stated office at the appropriate election. Date Month Day Year	r r !
ATTESTATION (for office use only)	
Secretary of State or County Election Officer	
Assistant Secretary of State or Deputy County Election Officer	woman) ' Bayes
Notary (applicable only for precinct committeeman or committee	woman) S