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



1 Ballot Information	
Kim L. Murphræ	
Name (as it will appear on the ballot, including punctuation)	
City of Residence (as it will appear on the ballot)	
Douglas County Registe to & Deeds	
Office Sough District No.	
•	
Party Nomination Sought: Democratic Republican Term: Regular O Unexpired	
2 Elected Judicial Candidates Only (complete if applicable)	
District Court Judge Division No. District Magistrate Ju	dge Position No.
3 Contact Information	
Select one: O Mr. O Mrs. O Dr.	
418 Minnesola Street	
Residential Address	
Caurence Dougla	5 66044
City County	Zip
Mailing Address (if different from residential address) City State Zip	
Phone (optional) 785 - 550 - 2995 Cell Phone (optional)	
Themurphreen etworkagmail 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	SIGN IN THIS BOX
ATTESTATION (for office use only)	
Secretary of State or County Election Officer	
	3
Assistant Secretary of State or Deputy County Election Officer	MAY 27 2020 PM
	720
Notary (applicable only for precinct committeeman or committeewoman)	20