

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

**FORM
CD****1 Ballot Information**JAY ARMSTRISTER

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

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

SHERIFFN/A

Office Sought

District No.

DOUGLAS CO. ELECTIONS
ZIA FEEB 17 MARCH 2024Party 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.

Residence

City

County

Zip

(SAME)

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional)

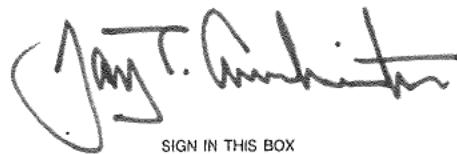
Cell Phone (optional)

Email (optional)

Website (optional)

4 Candidate Signature

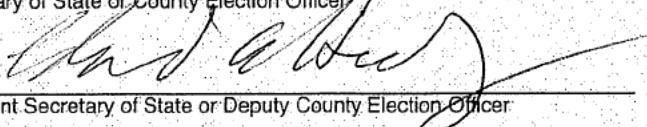
I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date 02 / 14 / 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)

