

Candidate's Declaration of Intention



1 Ballot Information

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

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

County Treasurer _____
Office Sought District No.

Party Nomination Sought: Democratic Republican Term: 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.

3502 Yale Rd
Residential Address

Lawrence Douglas 66049
City County Zip

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 03/11/2020
Month Day Year

Adam T. Rains
SIGN IN THIS BOX

ATTESTATION (for office use only)

[Signature]
Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

