

## Candidate's Declaration of Intention

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FORM  
CD

## 1 Ballot Information

Adam T. 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 ! All information is public record

Select one: ☒ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

3502 Yale Rd  
Residential Address

Lawrence, KS  
City

Douglas  
County

66049  
Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional)

Cell Phone (optional)

785 - 477 - 1727

Adam Rains For Treasurer@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 03/11/2024  
Month Day Year

Adam T. Rains  
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)

