

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

FORM
CD

1 Ballot Information

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

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

Trustee
Office Sought

Clinton
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.

910 E 850 Rd
Residential Address

Lawrence
City

Dog
County

66047
Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) 785-550-2710 Cell Phone (optional) _____

matfishburn99@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 06/03/2024
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)