

Candidate's Declaration of IntentionDOWNLOAD THIS FORM AT WWW.SOS.KS.GOV**FORM
CD****1 Ballot Information**Matthew F. ShibusDEPARTMENT OF ELECTIONS
STATE OF KANSAS

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

Lawrence

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

TrusteeClinton

Office Sought

District No.

Party 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 (1) All information is public recordSelect one: Mr. Ms. Mrs. Dr.910 E 850 Rd

Residential Address

Lawrence

City

Douglas

County

66047

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) 785-550-2710 Cell Phone (optional) _____Email (optional) matthew.f.shibus.99@gmail.com

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)