

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

FORM
CD**1 Ballot Information**

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

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

TREASURER District No. _____
Office Sought

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.

1970 E 175 RD
Residential Address

LECOMPTON DODGE 66050
City County Zip

Mailing Address (if different from residential address) City State Zip

Phone (optional) _____ Cell Phone (optional) 785 - 766 - 3342

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 APR 125 1 2024
Month Day Year

Keith Noe
SIGN IN THIS BOX

ATTESTATION (for office use only)

Secretary of State or County Election Officer

[Signature]
Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)