Office of the Kansas Secretary of State

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV		
1 Ballot Information		1 9 2020 PW
Name (as it will appear on the ballot, including punctuation)		
City of Residence (as it will appear on the ballot)	oren ce	enter enter enter enter enter enter enter
Carry Clark Office Sough	District No.	
Party Nomination Sought:		
2 Elected Judicial Candidates Only (comple		
District Court Judge Division No.	District Magistrate Judge Position No.	
3 Contact Information	public record	
Select one: AMr. OMs. OMrs. ODr.		
Residential Address		
City	County Sip	
Mailing Address (if different from residential address) Phone (optional)	City State Zip Cell Phone (optional) 785 -979 -5	38°
Enail (optional)	Website (optional)	
4 Candidate Signature		
I declare that I am affiliated with the above-state and that I intend to become a candidate for the stated office at the appropriate election.		
Date OS / 19 /2020 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	Harrier de la companya della companya della companya de la companya de la companya della company	
Assistant Secretary of State of Deputy County Lieution Cincer		
Notary (applicable only for precinct committeeman or committee	ewoman)	

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