

# Candidate's Declaration of Intention

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## 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

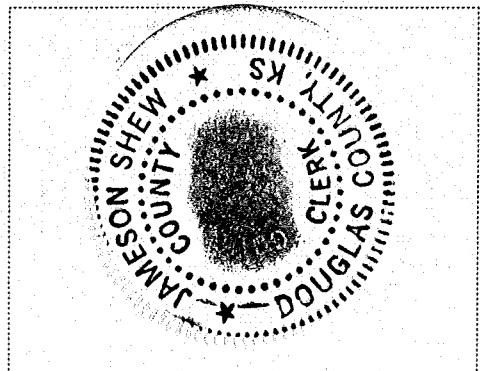
Adam T. Rains  
SIGN IN THIS BOX

### ATTESTATION (for office use only)

Secretary of State or County Election Officer

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

Notary (applicable only for precinct committeeman or committeewoman)



**APPOINTMENT OF  
TREASURER OR CANDIDATE COMMITTEE FORM  
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one)

Initial Appointment

Amended Statement

27:02:21 PM 11/24/2021  
COUNTY OF DOUGLAS

**CANDIDATE**

(Please Type or Print)

Name <u>Adam T. Rains</u>			
Mailing Address <u>3502 Yale Rd</u>			
City <u>Lawrence</u>	County <u>Douglas</u>	Zip Code <u>66044</u>	
Telephone <u>785-477-1727</u>	Email <u>adam.rains.fortreasurer@gmail.com</u>		
Office Sought <u>County Treasurer</u>	District No.		

**TREASURER**

Date Appointed <u>3-11-2024</u>	
Name <u>Terry Manios</u>	
Mailing Address	
City	Zip Code
Telephone	Email

**OR CANDIDATE COMMITTEE**

Date Appointed	
Chairperson's Name	
Mailing Address	
City	Zip Code
Telephone	Email
Treasurer's Name	
Mailing Address	
City	Zip Code
Telephone	Email

**SIGNATURE**

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

3-11-2024  
(Date)

Adam T. Rains  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS