Office of the Kansas Secretary of State

Candidate's Declaration of Intention DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



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Larry R. Schwartz		
Name (as it will appear on the ballot, including punctuation	n)	
Arkansas City City of Residence (as it will appear on the ballot)		
County Attorney		
Office Sought	District No.	
Party Nomination Sought: O Democratic	netotiev kienieria a prieste est den in Malanda his de a su en	Term: Regular O Unexpired
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District Court Judge Division No.	District Magistrate Ju	udge Position No.
3. Contact information • • Ali information is	publicaciones	以为,我们就是这种的人,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Selectione: Mr. O Ms. O Mrs. O Dr.		
515 No. 4th Street Residential Address		
Arkansas Cify	Carlos	67005
City CITY	County County	Zip
Mailing Address (if different from residential address)	City	State Zip
Phone (optional)	Cell Phone (opti	·
Thore (optiones)	Ceil Frione (opti	aurici)
Email (optional)	Website (optional)	
Control Certical Control	577.6 (CO. NASSEMBLE) (C. N. 2014. (CO. NASSEMBLE) (TR. CELL)	
I declare that I am affiliated with the above-sta	ited party	-11/
and that I intend to become a candidate for the stated office at the appropriate election.	ie above-	So Villanto
Date 05/21/2024		1/6
Month Day Year		•
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