

Candidate's Declaration of Intention

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1 Ballot Information

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

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

County Commissioner #2
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 1 All information is public record

Select one: Mr. Ms. Mrs. Dr.

Jim Maxwell
Residential Address

5501 US Highway 166 Cowley 67005
City County Zip

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

Phone (optional) Cell Phone (optional) 620-446-1646

maxwelljim38@yahoo.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 02/23/2024
Month Day Year

ATTESTATION (for office use only)

Karen Madison
Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)