Office of the Kansas Secretary of State

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



Since Information	
Name (as it will appear on the ballot, including punctuation)	
ARKAN 545 CTY A City of Residence (as it will appear on the ballot)	<u> </u>
	9
DIST 2 COUNTY COMM. Office Sought	District No.
Party Nomination Sought: O Democratic 🔊 Repub	lican Term: 📈 Regular 🔘 Unexpired
2 Elected Judicial Candidates Only (compt	ete i applicable)
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	
District Court Judge Division No.	District Magistrate Judge Position No.
3 Contact Information • • All information is p	oublic record
Select one: 💥 Mr. O Ms. O Mrs. O Dr.	
31684 6157 LANE	
Residential Address	
ARKANGAS CITY	CAWLEY 67005
City	County Sip
Mailing Address (if different from residential address)	City State Zip
Phone (optional) 620 - 441 - 130	·
GNRYWILSON/303 @GM7 Email (optional)	Website (optional)
A Bearding Communes	
I declare that I am affiliated with the above-stat	tod navtu
and that I intend to become a candidate for the	
stated office at the appropriate election.	Cary of anno
Date <u>41</u> 1 <u>171 2024</u>	ed (* 1909)
Month Day Year	
ATTESTATION (for office use only)	
Y/M/)// / //////////////////////////////	
Secretary of State or County Election Office	
Assistant Secretary of State or Deputy County Election Officer	
Notary (applicable only for precinct committeeman or committee	iewoman)