

**CS****KANSAS SECRETARY OF STATE  
City/School Candidate's  
Declaration of Intention****1. Name**List exactly as it will appear  
on ballot, including all  
punctuation.

Robert E. Riley

**2. City**

Topeka

**3a. Office sought**

Shunganunga Drainage District Director

**3b. District  
Number**

1

**4. Term**

Regular



Unexpired

**5. Preferred title**

Used for mailing purposes.



Mr.



Mrs.



Ms.



Dr.

**6. Residential address**Provide a street or rural route.  
Do not leave blank.

Address

2424 SW 26<sup>th</sup> Drive

City

Topeka

County

Shawnee

Zip

66611

**7. Mailing address**Complete if mailing address is  
different from above.

Address

City

State

Zip

**8. Telephone number**

Home

N/A

Work

N/A

Cell

785-304-5862

**9. Email address**

rahb.riley@gmail.com

**10. I declare that I intend to become a candidate for the above-stated office at the appropriate election.**

Signature of Candidate

X

Robert E. Riley

Today's  
Date:

Mo.

Day

Yr.

05 / 14 / 2025

County Election Officer or City Clerk

X

Deputy Election Officer

X

Bryan C. Krez

MAY 14 2025 PM 2:25