Office of the Kansas Secretary of State

Candidate's Declaration of Intention





1 Ballot Information		JUN 3 2024 AM11:00
Robert Soria		
Name (as it will appear on the ballot, including punctuation	n) 	
City of Residence (as it will appear on the ballot)		
SNCO Commissioner	2	
Office Sought	District No.	
	- 1	
Party Nomination Sought: Democratic O Reput	blican Term: K Regu	ular O Unexpired
2 Elected Judicial Candidates Only (comp	lete if applicable)	
District Court Judge Division No.	District Magistrate Judge Position No.	
3 Contact Information () All information is	public record	
Select one: Mr. O Ms. O Mrs. O Dr.		
528 NE Lime St		
Residential Address		
Topica	Shawnee	61616
City	County	Zip
Mailing Address (if different from residential address)	City State	Zip
Phone (optional)	Cell Phone (optional)	
,		
Email (optional)	Website (optional)	n 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4 Candidate Signature		
I declare that I am affiliated with the above-sta and that I intend to become a candidate for the stated office at the appropriate election.		1.0
Date <u>D L O3 Z D 24</u> Month Day Year	SINCOUNT C /	SN IN THIS BOX
ATTESTATION (for office use only)		
Secretary of State or County Election Officer	AWATE MUSSIONER	
Assistant Secretary of State or Deputy County Election Office		
EL	ECTIONS *	
Notary (applicable only for precinct committeeman or commit	teewpman)	