

Candidate's Declaration of Intention

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1 Ballot Information

Bob Voegelé
Name (as it will appear on the ballot, including punctuation)

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

Commissioner Office Sought 2 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 ! All information is public record

Select one: Mr. Ms. Mrs. Dr.

29432 21st Rd
Residential Address

Arkansas City, KS Cowley 67005
City County Zip

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

Phone (optional) 620-446-1660 Cell Phone (optional) _____ - _____ - _____

_____ 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 1 / 2 / 2021
Month Day Year

Bob Voegelé
SIGN IN THIS BOX

ATTESTATION (for office use only)

Secretary of State or County Election Officer

Kyle Carlidge
Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

