Office of the Kansas Secretary of State

Candidate's Declaration of Intention

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1 Ballot Information	to be and better as colleged and company of the	
Justin Burgell	W)	
Name (as it will appear on the ballot, including punctuation)	
Burden		
City of Residence (as it will appear on the ballot)	/ 1	
reasurer	Salem	
Office Sought	District No.	
Party Nomination Sought: O Democratic ® Repub	olican Te	erm: O Regular O Unexpired
2 Elected Judicial Candidates Only (compl	ete if applicable)	
District Court Judge Division No.	District Magistrate Judge Position No.	
3 Contact Information	public record	
Select one: Mr. Ms. Mrs. Dr.		
10256 1615+ Rd		,
Residential Address		
Burden	Cowley	67019
City	County	Zip
Mailing Address (if different from residential address)	City	State Zip
Phone (optional) 620 - 222 - 485	Cell Phone (option	nal)
		*
Email (optional)	Website (optional)	
4 Candidate Signature	SECURITORIES ESTICALISADOS DE COMPOSADO	
I declare that I am affiliated with the above-sta	ted party	140 -1
and that I intend to become a candidate for the stated office at the appropriate election.	e above-	I PM
Date $0.5/29/2029$,
Month Day Year		glit de e
ATTESTATION (for office use-only)		
Main in Mandian		
Secretary of State or County Election Officer	NEW STATE OF THE S	
Assistant County of Charles David County III 15 Off		
ASSISTANT SECRETARY OF STATE OF THEOLITY UNITARY ELECTION THROOF	etimerelini	
Assistant Secretary of State or Deputy County Election Officer		
Notary (applicable only for precinct committeeman or committee	44. mark - 4 v	