

Candidate's Declaration of Intention

FORM
CD

1 Ballot Information

PATRICK KELLY

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

LAWRENCE

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

COUNTY COMMISSION

Office Sought

1

District No.

Party Nomination Sought: ☒ Democratic☐ RepublicanTerm: ☒ 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 recordSelect one: ☒ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

1101 Parkside Circle

Residential Address

Lawrence

City

Douglas

County

66049

Zip

Lawrence

KS

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) 785 - 043 - 0635

Cell Phone (optional)

patrick.kelly.fordouglascounty@gmail.com

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 04 / 29 / 2020
Month Day Year



ATTESTATION (for office use only)

Secretary of State or County Election Officer



Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)