

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4561 election@sos.ks.gov www.sos.ks.gov

Note: This form must be filed with your local county election office.

State of) ss:	} SS:		
County of) 33.			
1.	Name of office	Office				
2.	Name of candidate	Last		First		МІ
3.	Residential address Do not leave blank.	Address				
		City		State	Zip	
4.	Mailing address Complete if mailing address is different from above.	Address				
		City		State	Zip	
5.	Telephone number	Home		Work		
6. I declare that I intend to become a candidate for the above-stated office at the appropriate election.						
Signature of Candidate						
		Day	Month		Year	
Subscribed and sworn to me this day of			day of		20	
Officer Authorized to Administer Oaths						