Office of the Kansas Secretary of State

Candidate's Declaration of Intention

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FORM CD

1 Ballot Information

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

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

Office Sought

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.

Residential Address

City

County

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) ___ - ___ - ____

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 ___ / ___ / ____
Month Day Year

SIGN IN THIS BOX

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)

Prepared by the Office of the Secretary of State Kris W. Kobach, 1st Floor, Memorial Hall, Topeka, KS 66612-1594.
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