

Office of the Kansas Secretary of State
**Precinct Committeeman/Committeewoman
Candidate's Declaration of Intention**

FORM
PD

1. Ballot Information

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

City

Precinct

Select one: ☐ Committeeman ☐ Committeewoman

Party nomination sought: ☐ Democratic ☐ Republican

2. Office Information Please print.

Preferred title: ☐ Mr. ☐ Mrs. ☐ Ms. **Date filed:** ____ / ____ / ____

Residential Address

City

Zip Code

Email Address

Home Phone Number

Work Phone Number

3. Mailing Address (if different from residential address)

Mailing Address

City

State

Zip Code

4. Candidate Statement and 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.

Sign here 

Signature of Candidate

5. Attestation

Notary

State

County

NOTARY STAMP