

Kansas Office of the Secretary of State:

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 accompanied by a \$20 administrative fee. Checks are payable to the Kansas Secretary of State.

County of 1. Name of candidate for governor 2. Residential address Do not leave blank. City State Zip Address Complete if mailing address is different from above. City State Zip City State Zip Country Address Complete if mailing address is different from above. City State Zip Country State Zip Country Mork First Mil First Mil Country State Zip Country Address Do not leave blank.	Stat	e of		} ss:				
City State Zip	Cou	nty of) 33.				
2. Residential address Do not leave blank. City State Zip Address Complete if mailing address is different from above. City State Zip Country Address Complete if mailing address is different from above. City State Zip Country 4. Telephone number Home Work First MI Residential address Do not leave blank.	1.	governor	Last		First		МІ	
3. Mailing address Complete if mailing address is different from above. City State Zip Country 4. Telephone number Home Work 5. Name of candidate for lieutenant governor 6. Residential address Do not leave blank. Attention Name Address Address	2.	Residential address	Address					
Complete if mailing address is different from above. City State Zip Country 4. Telephone number Home Work 5. Name of candidate for lieutenant governor 6. Residential address Do not leave blank. Address			City		State	Zip		
4. Telephone number Home Work 5. Name of candidate for lieutenant governor Compared to the second secon	3.		Attention Name		Address			
5. Name of candidate for lieutenant governor Last First MI 6. Residential address Do not leave blank. Address			City		State	Zip	Country	
5. Name of candidate for lieutenant governor Last First MI 6. Residential address Do not leave blank. Address	4.	Telephone number	Home		Work			
5. Name of candidate for lieutenant governor Last First MI 6. Residential address Do not leave blank. Address	•••••				,			
Do not leave blank.		Name of candidate for	Last		First		МІ	
City State Zip	6.		Address					
			City		State	Zip		

7.	Mailing address Complete if mailing address is different from above.	Attention Name		Address						
		City		State	Zip	Country				
8.	Telephone number	Home		Work						
9. I declare that I intend to become a candidate for the above-stated office at the appropriate election.										
Signature of Candidate for Governor										
Signature of Candidate for Lieutentant Governor										
		Day	Month		Year					
Subscribed and sworn to me this		day of		20						
Office	Officer Authorized to Administer Oaths									