

Kansas Primary Nomination Petition



Nominee Information

Name

Residential Address

City

Office Sought

District No. (if applicable)

Nomination

I, the undersigned, an elector of the appropriate election district, county of _____ and state of Kansas, and a duly registered voter, and a member of the _____ Party, hereby nominate the candidate herein named to be voted for at the primary election to be held on the first Tuesday in August in the year _____, as representing the principles of such party; and I further declare that I intend to support the candidate and that I have not signed and will not sign any nomination petition for any other person, for such office at such primary election.

	Print Name	Signature	Street Number or Rural Route (as registered)	City	Date
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____

Office of the Kansas Secretary of State
Affidavit of Petition Circulator

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

Circulator Information

Last Name

First Name

Middle Name

Residential Address

City

State

Zip

Select one:

- I am a resident of the state of Kansas who has the qualifications of an elector of the state of Kansas.
- I am the candidate.

Signature

I, being duly sworn, personally witnessed the signing of this petition by each person whose name appears herein.

SIGN IN THIS BOX

Subscribed and sworn to before me this ____ of ____ .
Day Month Year

Person Authorized to Administer Oaths

My appointment expires in ____ / ____ / ____ .
Month Day Year
