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Affidavit of Write-in Candidacy
Governor and Lieutenant Governor

State of Kansas

WG

County of _____)

GOVERNOR

Name _____ _____ _____
Last First Middle name or initial

Residential Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Telephone Number: Home (____)_____ Work (____)_____

LIEUTENANT GOVERNOR

Name _____ _____ _____
Last First Middle name or initial

Residential Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Telephone Number: Home (____)_____ Work (____)_____

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 Lieutenant Governor

Subscribed and sworn to before me this _____ day of _____ , 20 _____ .

_____
Officer Authorized to Administer Oaths

Prescribed by KSA 25-305(c). Prepared by Ron Thornburgh, Secretary of State, 2nd Floor, State Capitol, Topeka, Kansas 66612-1594.
Rev 6/17/94 rif