State of Kansas

# Petition to Establish Official Party Recognition

**OP**

Petition seeking the official recognition of the _____ Party in the state of Kansas.

I, the undersigned, hereby declare my support for the official recognition of the _____Party.

I have personally signed this petition; I am a registered elector of the state of Kansas and the County of _____ , and my residence address is correctly written after my name.

| | Signature of Signer | Name of Signer (Print) | Street number or rural route (as registered) | Name of City | Date |
|---|---|---|---|---|---|
| **1.** | | | | | |
| **2.** | | | | | |
| **3.** | | | | | |
| **4.** | | | | | |
| **5.** | | | | | |
| **6.** | | | | | |
| **7.** | | | | | |
| **8.** | | | | | |
| **9.** | | | | | |
| **10.** | | | | | |
| **11.** | | | | | |
| **12.** | | | | | |
| **13.** | | | | | |
| **14.** | | | | | |
| **15.** | | | | | |

# Affidavit of petition circulator

STATE OF KANSAS

COUNTY OF _____ } ss.

I,_____ ,
Print Name

being duly sworn, am the circulator of this petition. I am qualified to circulate this petition and I personally witnessed the signing of this petition by each person whose name appears herein.

_____
Signature of above named circulator

_____
Address of above named circulator

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

(SEAL)

_____
Person authorized to administer oaths

My appointment expires _____ , 20 ___ .

K.S.A. 25-302a

Rev 8/27/25 tc