

2020 Candidate Information

County Offices - Filing Requirements

2020 Election Dates:

Primary: August 4, 2020

General: November 3, 2020

Filing Deadline:

Noon, Monday, June 1, 2020 for Partisan Filings [KSA 25-205]

Noon, Monday, August 3, 2020 for Independent Nominations [KSA 25-305(b)]

Filing Location: All Candidates must pay report fees, appoint treasurers and file periodic campaign finance reports [KSA 25-208]

Candidates file at the

Lyon County Election Office

430 Commercial Street

Emporia, Kansas 66801

Filing by Fee:

The filing fee is based on 1% of the salary of the office the candidate is seeking. [KSA 25-206]

An additional state report fee of \$50 is required.

The following fees are based on salaries as of October 2019:

County Commissioner

Salary \$25,064.00

Filing Fee (1%) \$250.64

Report Fee \$50.00

TOTAL FEE \$300.64

County Clerk

Salary \$63,315.20

Filing Fee (1%) \$633.15

Report Fee \$50.00

TOTAL FEE \$683.15

County Attorney

Salary \$89,440.00

Filing Fee (1%) \$894.40

Report Fee \$50.00

TOTAL FEE \$944.40

County Treasurer

Salary \$61,297.60

Filing Fee (1%) \$612.98

Report Fee \$50.00

TOTAL FEE \$662.98

Register of Deeds

Salary \$56,971.20

Filing Fee (1%) \$569.71

Report Fee \$50.00

TOTAL FEE \$619.71

Sheriff

Salary \$84,864.00

Filing Fee (1%) \$848.64

Report Fee \$50.00

TOTAL FEE \$898.64

Filing by Petition: (spreadsheet attached)

Democratic and Republican primary candidates must have valid signature of 3% of the party's registration from the county or district. A state report fee of \$50.00 is required. [KSA 25-205(e)(3)]

Independent candidates must have 4% of the total registered voters in their jurisdiction. A state report fee of \$50.00 is required. [KSA 25-303(C)]

Documents to be Filed:

Declaration of Intention (Filing Form)

- Form is provided by and is filed with the Election Office.
- Election Office sends a copy of the declaration to the Governmental Ethics Commission (GEC) for the purpose of campaign finance reporting.

Nomination Petition (used if filing by petition)

- Form is provided by and is filed with the Election Office.

Statement of Substantial Interests for Local Office

- Completed form is due no later than ten (10) days after the filing deadline.
- Form is filed with the Election Office.

Appointment of Treasurer Form

- Form is provided by and is filed with the Election Office.
- Candidates have ten (10) days after filing to file the Appointment of Treasurer Form.
- Election Office forwards a copy of the completed form to the GEC.
- Candidates may not take in or spend any campaign funds until the Appointment of Treasurer Form is filed.

Affidavit of Exemption from Filing Receipts and Expenditures Reports

- Form is provided by the Governmental Ethics Commission and is mailed directly to County candidates.
- Completed form is due nine (9) days prior to the primary election.
- Completed form is filed with the Election Office.
- Election Office forwards a copy of the completed form to the GEC.
- If a candidate anticipates receiving and spending less than \$1000.00 in the Primary Election and anticipates receiving and spending less than an additional \$1000.00 in the General Election, he/she can file an Affidavit of Exemption. This affidavit waives the need for a candidate to file campaign Receipts and Expenditures Reports.
- A County Office candidate must appoint a treasurer and file an Appointment of Treasurer Form even if an Affidavit of Exemption is filed.

Receipts and Expenditures Report

- Form is provided by the GEC and is mailed directly to a candidate's treasurer.
- Completed reporting form is filed with the Election Office.
- Election Office forwards a copy of the report to the GEC.
- During an election cycle, three (3) Receipts and Expenditures Reports are required for County candidates:
(1) a pre-primary election report; (2) a pre-general election report; and (3) an early January wrap-up report.

Candidate's Declaration of Intention

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FORM
CD

1 Ballot Information

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

City of Residence (as it will appear on the ballot)

Office Sought

District No.

Party Nomination Sought: Democratic Republican

Term: Regular Unexpired

2 Elected Judicial Candidates Only (complete if applicable)

District Court Judge Division No.

District Magistrate Judge Position No.

3 Contact Information i All information is public record

Select one: Mr. Ms. Mrs. Dr.

Residential Address

City

County

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) _____ - _____ - _____

Cell Phone (optional) _____ - _____ - _____

Email (optional)

Website (optional)

4 Candidate 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.

Date ____ / ____ / ____
Month Day Year

SIGN IN THIS BOX

ATTESTATION (for office use only)

Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

Filing by Petition for 2020 Candidates

These figures are based on Certification to Secretary of State October 30, 2019.

	Pct	Democratic		Republican		Independent	
		Total Registered	# of Sigs Needed	Total Registered	# of Sigs Needed	Total Registered	# of Sigs Needed
Co Commissioner - Dist #2	3%	1720	52	3153	95	2312	93
Co Commissioner - Dist #3	3%	1482	45	2010	61	2329	94
County Offices	3%	4812	145	7437	224	7052	283
Townships							
Agnes	3%	49	2	156	5	112	*10
Americus	3%	155	5	438	14	366	19
Center	3%	144	5	459	14	211	11
Elmendaro	3%	111	4	233	7	167	*10
Emporia	3%	127	4	378	12	230	12
Fremont	3%	109	4	337	11	213	11
Ivy	3%	42	2	82	3	36	*10
Jackson	3%	118	4	326	10	233	12
Pike	3%	98	3	299	9	162	*10
Reading	3%	55	2	144	5	81	*10
Waterloo	3%	23	1	93	3	61	*10

County Offices

Independent candidates must have valid signatures of 4% of the total registered voters from the district [KSA 25-303(c)]

Townships

* Independent candidates must have valid signatures of 5%, and not less than 10 total, of the registered voters of the township. [KSA 25-303(d)]

Kansas Primary Nomination Petition

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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	_____	_____	_____	_____	_____

Affidavit of petition circulator

STATE OF KANSAS

COUNTY OF _____

} ss.

I, _____,

Print Name

(check one):

_____ I am the circulator of this petition. I am qualified to circulate this petition and I personally witnessed the signing of the petition by each person whose name appears thereon.

_____ I am the candidate

Signature

Circulator's residence address

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

(SEAL)

Person authorized to administer oaths

My appointment expires _____, 20 ____.

Kansas law states that a petition circulator is a person who is a U.S. citizen, at least 18 years of age, and has not been convicted of a felony, or if convicted of a felony has been pardoned or restored to such person's civil rights.

STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

INSTRUCTIONS. This statement must be completed by each person required to do so by K.S.A. 75-4301a. Upon completion, mail or hand deliver your completed statement to the office where you filed your declaration of candidacy. If appointed to fill a vacancy in a local elective office, file this form where your predecessor filed for office.

PLEASE TYPE OR PRINT

A. IDENTIFICATION:

Last Name	First Name	MI
Spouse's Name		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
City, State, Zip Code		
Home Phone	Business Phone	

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

List Name of Office	
Position	District

CONTINUED ON NEXT PAGE

Date received (Official use only)

- C. OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. Please attach additional pages if necessary to complete this section.

If you have nothing to report in Section "C", check here ____.

	BUSINESS NAME AND ADDRESS		TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

- D. GIFTS IN THE FORM OF GOODS OR SERVICES:** List any person, business or combination of businesses from which you or your spouse either individually or collectively, have received in the preceding 12 months, without reasonable and valuable consideration, goods or services having an aggregate value of \$500 or more.

If you have nothing to report in Section "D", check here ____.

	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED		ADDRESS	RECEIVED BY:
1.				
2.				
3.				

E. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on you or your spouse in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1.				
2.				

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here ____.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1.				
2.				

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position as officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional pages if necessary to complete this section.

If you have nothing to report in Section "F", check here ____.

	BUSINESS NAME AND ADDRESS		POSITION HELD	HELD BY WHOM
1.				
2.				
3.				
4.				
5.				

- G. RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates only to businesses or the combination of businesses.* In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to the expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional pages if necessary to complete this section.
- If you have nothing to report in Section "G", check here ____.

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

H. DECLARATION:

I, _____, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

Date

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE

(Please Type or Print)

Name		
Street		
City	County	Zip Code
Home Telephone	Business Telephone	
Office Sought	District No.	

TREASURER

Date Appointed		
Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

SIGNATURE

“ I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.”

_____ (Date)

_____ (Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS

This form must be completed by each candidate for local office and filed with your County Election Officer. A candidate must appoint a treasurer, or in lieu thereof a candidate committee, not later than ten (10) days after becoming a candidate. This form must be filed not later than ten (10) days following such appointment. Also, a new form must be filed whenever there is a change in treasurers or other information previously reported.

**For further information contact: Kansas Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, Kansas 66612
Office 785-296-4219
Fax 785-296-2548**