

# 2022 Candidate Information

## Townships - Filing Requirements

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### 2022 Election Dates:

**Primary:** Tuesday, August 2, 2022

**General:** Tuesday, November 8, 2022

### Filing Deadline:

Noon, Wednesday, June 1, 2022

### Filing Location:

Candidates file at:

Lyon County Election Office

430 Commercial Street

Emporia, Kansas 66801

### Filing by Fee:

Township filing fee is \$1. KSA 25-206

### Filing by Petition:

Democratic and Republican primary candidates must have valid signature of 3% of the party's registration from the township. (KSA 25-205(e)(4))

Independent candidate must have 5% or not less than 10 valid signatures of the registered voters in the township. (KSA 25-303(d))

### 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.

#### ***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

#### ***Affidavit of Exemption from Filing Receipts and Expenditures Reports***

- Form is provided by and is filed with the Election Office
- Completed form is due nine (9) days prior to the primary election.
- 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.
- Form must be notarized.

#### ***Candidate's Itemized Statement of Personal Election Contributions and Expenses***

- Completed form is due thirty (30) days after each primary, general and special election.
- In addition to reporting all campaign expenditures, these candidates are now required to itemize contributions in excess of \$50.00. Itemizing means listing the name and address of the contributor, the date on which the contribution is received and the amount of the contribution.
- If all transactions were directed to the treasurer or committee, form is still required to be filed by the candidate, listing all zeros (\$0.00).
- Completed form is filed with the Election Office.
- Form must be notarized.

# Candidate's Declaration of Intention



## 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 **!** 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)

[Large empty box for signature or stamp]

Office of the Kansas Secretary of State  
**Kansas Primary Nomination Petition**  
 DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



**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<br>(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  
(Please Type or Print)

**CANDIDATE**

|                |                    |          |
|----------------|--------------------|----------|
| 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

**AFFIDAVIT OF EXEMPTION  
FROM FILING RECEIPTS AND EXPENDITURES REPORTS  
BY A CANDIDATE FOR COUNTY OFFICE**

IF YOU ANTICIPATE RECEIVING OR EXPENDING \$1,000 IN THE PRIMARY, EXCLUSIVE OF THE CANDIDATE FILING FEE, OR \$1,000 IN THE GENERAL ELECTION, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by any candidate for county office who qualifies for the exemption. **IT MUST BE FILED WITH THE COUNTY ELECTION OFFICER, IN THE COUNTY IN WHICH THE CANDIDATE IS ON THE BALLOT, PRIOR TO July 25, 2022.** If a candidate qualifies for this exemption, he or she still must appoint a treasurer or candidate committee and the treasurer must maintain the required records. (K.S.A. 25-4144) See reverse for examples.

PLEASE PRINT OR TYPE

A. Name of Candidate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Office Sought \_\_\_\_\_ District No. \_\_\_\_\_

B. Affidavit:  
State of Kansas                    )  
County of \_\_\_\_\_)

I, \_\_\_\_\_, do swear (or affirm) that:

1. The information in Item A above is true and correct;
2. I intend to expend, contract to expend, or have expended, on my behalf an aggregate amount or value of less than one thousand dollars (\$1,000) in the primary election period; and
3. I intend to receive or have received on my behalf (including amounts contributed by myself) contributions of an aggregate amount or value of less than one thousand dollars (\$1,000) in the primary election period; and
4. I understand that the payment of my filing fee, or the receipt of funds to pay my filing fee, is not included in the limitations set forth in paragraphs 2 & 3; and
5. I intend to expend, contract to expend or have expended on my behalf an aggregate amount or value of less than one thousand dollars (\$1,000) in the general election period; and
6. I intend to receive or have received on my behalf (including amounts contributed by myself) contributions of an aggregate amount or value of less than one thousand dollars (\$1,000) in the general election period; and
7. If contributions are received or expenditures made (actual or contractual) in excess of any of the amounts set out above, I shall within three (3) days of the date of such excess file all past due Receipts and Expenditures Reports and shall file all such future reports on the dates required by K.S.A. 25-4148. (K.S.A. Supp. 25-4174)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

(Seal)

My Appointment Expires \_\_\_\_\_, 20 \_\_\_\_\_

Example 1: Candidate A intends to receive contributions of less than \$1,000 and make expenditures of less than \$1,000 in the primary election period. Candidate A does, however, intend to receive contributions in excess of \$1,000 during the general election period. He also intends to make expenditures (either actual or contractual) of more than \$1,000 during the general election period. Candidate A cannot properly file the affidavit of exemption. He must file all reports at the times required by K.S.A. 25-4148.

Example 2: Candidate B meets all of the tests for exemption from filing the reports but fails to file the affidavit until after the date the first report for the primary election is due. Candidate B must file all reports since the affidavit was not filed in a timely manner.

Example 3: Candidate C intends to receive contributions and make expenditures of less than \$1,000 in each the primary and general election period; however, the \$1,000 limit was exceeded during the general election period. Candidate C shall within three (3) days of the date of such excess file all past due reports and shall file all such future reports on the dates required by K.S.A. 25-4148.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS AFFIDAVIT,  
PLEASE CONTACT THE  
GOVERNMENTAL ETHICS COMMISSION

901 S. Kansas Avenue  
Topeka, Kansas 66612  
Office (785) 296-4219  
Fax (785) 296-2548



