

# 2023 Candidate Information

## First Class Cities - Filing Requirements

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### 2023 Election Dates:

**Primary:** August 1, 2023 (if more than 3 times the number of candidates to be elected files for office)

**General:** November 7, 2023

### Filing Deadline:

June 1<sup>st</sup> by Noon. (K.S.A. 25-2109)

**Filing Location:** All Candidates must pay report fees, appoint treasurers and file periodic campaign finance reports (K.S.A. 25-2110a)

Candidates must file with the Lyon County Elections Office, 430 Commercial St., Emporia, KS (K.S.A. 25-2020)

### Filing by Fee:

\$70.00 Total

- Filing fee \$20.00 (K.S.A. 25-21a01(f))
- Governmental Ethics Commission Fee \$50.00

**Filing by Petition:** (K.S.A. 25-2110b) **Emporia-** 50 Qualified Electors or not less than 1% of the ballots cast in the district

The number of qualified electors of the city which must sign a nomination petition shall be established by the city governing body by passage of an ordinance.

The Governmental Ethics Commission (GEC) Filing Fee is still required of \$50.

### Documents to be filed:

**Declaration of Intention (Filing Form)** (K.S.A. 25-2110a)

- County Clerk has forms available.
- 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)** (K.S.A.25-2110(c)(d))

- County Clerk has forms available.
- Completed form is filed with the County Clerk.

**Statement of Substantial Interests for Local Office** (K.S.A. 46-247 – 46-252)

- Completed form is due no later than ten (10) days after the filing deadline.

**Appointment of Treasurer Form**

- 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** (K.S.A. 25-904a)

- Form is provided by the Governmental Ethics Commission and is mailed directly to First Class City candidates.
- Completed form is due nine (9) days prior to the primary election.
- 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 First-Class City candidate must appoint a treasurer and file an Appointment of Treasurer Form even if an Affidavit of Exemption is filed.

**Receipts and Expenditures Report** (K.S.A. 25-904b)

- 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 First Class City candidates:  
(1) a pre-primary election report; (2) a pre-general election report; and (3) an early January wrap-up report.

City/School Form

# Candidate's Declaration of Intention CS

**BALLOT INFORMATION:**

1. Name - exactly as it will appear on the ballot (include ALL punctuation):  
 \_\_\_\_\_

2. City:  
 \_\_\_\_\_

3a. Office sought \_\_\_\_\_

3b. District no. \_\_\_\_\_

4. Term: Regular \_\_\_\_\_ Unexpired \_\_\_\_\_

**OFFICE INFORMATION:**

5. For mailing purposes, indicate preferred title:      Mr.   Mrs.   Ms.      6. Date filed \_\_\_\_\_

7. Residential address (street or rural route) \_\_\_\_\_

8. City \_\_\_\_\_      9. County \_\_\_\_\_      10. Zip code \_\_\_\_\_

11. Mailing address (if different) \_\_\_\_\_

12. Telephone number:      Home \_\_\_\_\_      Work \_\_\_\_\_

**CANDIDATE STATEMENT & SIGNATURE:**

I declare that I intend to become a candidate for the above-stated office at the appropriate election.

\_\_\_\_\_  
*Signature of Candidate*

**ATTESTATION:**

\_\_\_\_\_  
*County Election Officer  
 or City Clerk*

\_\_\_\_\_  
*Deputy Election Officer*

**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**

<i>Date received (Official use only)</i>
<b>Governmental Ethics Commission</b>
<b>Rev. 2001</b>

**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 \_\_\_\_.

# Kansas Non-Partisan City/School Nomination Petition



I, the undersigned, an elector of the appropriate election district, county of \_\_\_\_\_, and state of \_\_\_\_\_, who resides at \_\_\_\_\_, (Number and street or RR) \_\_\_\_\_, (City) \_\_\_\_\_, and state of Kansas, as a candidate for the  regular term / county of \_\_\_\_\_, and state of Kansas, at the election to be held on November \_\_\_\_\_, 20\_\_\_\_.  unexpired term for the office of \_\_\_\_\_, (Name office specifically) \_\_\_\_\_, of \_\_\_\_\_, (Name of city or school district number) \_\_\_\_\_, state of Kansas, at the election to be held on November \_\_\_\_\_, 20\_\_\_\_.

	Signature of Signer	Name of Signer (Print)	Street number or rural route	Name of City	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

# 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.



**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		
Mailing Address		
City	County	Zip Code
Telephone	Email	
Office Sought	District No.	

**TREASURER**

Date Appointed		
Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

**OR CANDIDATE COMMITTEE**

Date Appointed		
Chairperson's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	
Treasurer's Name		
Mailing Address		
City	Zip Code	
Telephone	Email	

**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 state office and filed with the Secretary of State (Memorial Hall - 1<sup>st</sup> floor, 120 SW 10<sup>th</sup>, Topeka, KS 66612-1594). 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:

Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, Kansas 66612  
Ofc 785-296-4219  
Fax 785-296-2548

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

IF YOU ANTICIPATE RECEIVING OR EXPENDING \$1000 IN THE PRIMARY, EXCLUSIVE OF THE CANDIDATE FILING FEE, OR \$1000 IN THE GENERAL ELECTION, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by any candidate for city 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 24, 2023.** 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 (\$1000) 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 (\$1000) 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 (\$1000) 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 (\$1000) 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. 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 contractul 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