

2023 Candidate Information

Third Class Cities - Filing Requirements

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

Admire – Mayor & 2 City Council

Bushong – 3 City Council

Neosho Rapids – Mayor & 5 City Council

Allen – Mayor & 2 City Council

Hartford – Mayor & 3 City Council

Reading – 3 City Council

Americus – 3 City Council

Olpe – Mayor & 2 City Council

Filing Deadline:

June 1st by Noon. (K.S.A. 25-2109)

Filing Location:

Candidates file at the Lyon County Election Office, Emporia. (K.S.A. 25-2110(a))

Filing by Fee:

Filing Fee \$20.00 (K.S.A. 25-21a01(f))

Filing by Petition: (K.S.A. 25-2110b)

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.

Documents to be Filed:

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

- Third Class City Candidates obtain and file this form with the Lyon County Elections Office.

Nomination Petition (used if filing by petition) (K.S.A. 25-2110(c)(d))

- Third Class City Candidates obtain and file this form with the Lyon County Elections Office.

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

- Third Class City Candidates obtain and file this form with the Lyon County Elections Office.
- Completed form is due no later than ten (10) days after the filing deadline.

Affidavit of Exemption from Filing Receipts and Expenditures Reports (K.S.A. 25-904a)

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

Candidate's Itemized Statement of Personal Election Contributions and Expenses (only if NO Affidavit of Exemption is filed)

- Form is due 30 days after each Primary, General or Special election. (K.S.A. 25-904b)
- 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.
- Completed form is filed with the Election Office.

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>
Governmental Ethics Commission
Rev. 2001

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		
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 - 1st floor, 120 SW 10th, 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 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.

**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 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