

# 2024 Candidate Information

## County Offices - Filing Requirements

### 2024 Election Dates:

**Primary:** August 6, 2024

**General:** November 5, 2024

### Filing Deadline:

Noon, Monday, June 3, 2024 for Partisan Filings [KSA 25-205]

Noon, Monday, August 5, 2024 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 January 2024:

#### County Commissioner-Dist. 2

Salary \$31,491.20

Filing Fee (1%) \$314.91

Report Fee \$50.00

**TOTAL FEE \$364.91**

#### County Commissioner-Dist. 3

Salary \$31,532.00

Filing Fee (1%) \$315.32

Report Fee \$50.00

**TOTAL FEE \$365.32**

#### County Attorney

Salary \$92,123.20

Filing Fee (1%) \$921.23

Report Fee \$50.00

**TOTAL FEE 971.23**

#### County Clerk

Salary \$80,974.40

Filing Fee (1%) \$809.74

Report Fee \$50.00

**TOTAL FEE \$859.74**

#### County Treasurer

Salary \$79,518.40

Filing Fee (1%) \$795.18

Report Fee \$50.00

**TOTAL FEE \$845.18**

#### Register of Deeds

Salary \$68,640.00

Filing Fee (1%) \$686.40

Report Fee \$50.00

**TOTAL FEE \$736.40**

#### Sheriff

Salary \$108,326.40

Filing Fee (1%) \$1,083.26

Report Fee \$50.00

**TOTAL FEE \$1,133.26**

### 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

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 ☐ RepublicanTerm: ☐ 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

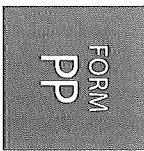
ATTESTATION (for office use only)

Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

Office of the Kansas Secretary of State  
**Kansas Primary Nomination Petition**  
DOWNLOAD THIS FORM AT [WWW.SOS.KS.GOV](http://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 (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.

## Filing by Petition for 2024 Candidates

These figures are based on Certification to Secretary of State October 31, 2023.

	Pct	Democratic		Republican	
		Total Registered	# of Sigs Needed	Total Registered	# of Sigs Needed
Co Commissioner - Dist #2	3%	1784	54	3243	98
Co Commissioner - Dist #3	3%	1491	45	1998	60
County Offices	3%	4948	149	7942	239
Townships					
Agnes	3%	44	2	183	6
Americus	3%	164	5	498	15
Center	3%	128	4	527	16
Elmendaro	3%	83	3	271	9
Emporia	3%	133	4	421	13
Fremont	3%	109	4	377	12
Ivy	3%	43	2	88	3
Jackson	3%	116	4	391	12
Pike	3%	113	4	316	10
Reading	3%	46	2	160	5
Waterloo	3%	21	1	106	4

# For Independent Petitions

## County Offices

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

## 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(e)]

Total Registered Voters      20,135

	Pct	Independent	
		Total Registered	# of Sigs Needed
Co Commissioner - Dist #2	4%	7359	294
Co Commissioner - Dist #3	4%	6190	248
County Offices	4%	20135	806
Townships			
Agnes	5%	328	17
Americus	5%	982	49
Center	5%	857	43
Elmendaro	5%	520	26
Emporia	5%	761	38
Fremont	5%	701	35
Ivy	5%	169	*10
Jackson	5%	720	36
Pike	5%	586	29
Reading	5%	293	15
Waterloo	5%	173	*10

## **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
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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
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**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		
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 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 29, 2024.** 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

# Candidate's Itemized Statement of Personal Election Contributions & Expenditures

- File this report with the Lyon County Clerk's Office within 30 days after the Primary AND General Election that you were a candidate. KSA 25-904

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Candidate for \_\_\_\_\_

Election Date \_\_\_\_\_ Primary \_\_\_\_\_ General \_\_\_\_\_

- List the contributions over \$50.00 personally received by the candidate.
- List the in-kind services and value of services
- If no contributions or expenditures are made from personal funds, the Total on this form should show zeros.

Date Received	Name & Address of Contributor	Description of Contribution or other Receipt	Amount of Cash or Check
Total this Page			



## EXPENDITURES

[illegible]

Signed: \_\_\_\_\_

STATE OF KANSAS, LYON COUNTY, ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Officer Authorized to Administer Oath)