

2024 Candidate Information

Townships - 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: [KSA 25-208]

Candidates must file at the
Lyon County Election Office
430 Commercial Street
Emporia, Kansas 66801

Filing by Fee:

Township filing fee is \$1.

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 candidates must have 5% or not less than 10 (whichever is more) 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.

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.

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

Itemized Statement of Campaign Receipt & Expenditures Report (only if no Affidavit of Exemption is Filed)

- Form is provided by the Election Office.
- Completed reporting form is filed with the Election Office within 30 days after each Primary and General election. [KSA 25-904(b)]
- 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).
- Form must be notarized.

Candidate's Declaration of IntentionDOWNLOAD THIS FORM AT WWW.SOS.KS.GOV**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 recordSelect 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.

	Pet	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 ____.

**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)