

Office	COUNTY OFFICE	STATUTE
Term	4 years	
File with	County Clerk	25-208(2)
File by party affiliation	Yes	25-205(ab)
Qualifications of candidate	Must be qualified elector on election day.	
Candidate Filing Deadline	June 1 (noon)	25-305
State Filing Fee	\$50.00	
Filing by Fee	1% of Annual Salary	25-206 25-205(3)
OR Petitions >	Commissioners: 3% of Reg Voters by party in commissioner district	
	All other County Offices: 3% of Reg Voters by party - Countywide	25-205(3)
Elected at	Even numbered years	25-101
Take office	2nd Monday in January after election (see below left)	25-313
Oath filed with	County Clerk	
Vacancy, how filled	General Information	25-313
	Commissioner, Chairman	19-219
	Commissioner	19-203
	County Attorney	19-715
	County Clerk	19-303
	Register of Deeds	19-1203
	Sheriff	19-804
	** Treasurer	19-504
	* 19-501 Treasurer takes office the 2nd Tuesday in October, following election	
	Elected in 2016 - takes office Oct. 10, 2017	
	Elected in 2020 - takes office Oct. 12, 2021	
	Elected in 2024 - takes office Oct. 14, 2025	
	Elected in 2028 - takes office Oct. 9, 2029	
	Elected in 2032 - takes office Oct. 11, 2033	

Take office 2nd Monday of January after election

January 14, 2019
 January 11, 2021
 January 9, 2023
 January 13, 2025
 January 11, 2027
 January 8, 2029
 January 13, 2031
 January 10, 2033
 January 8, 2035
 January 12, 2037

State: **\$50 & Local Filing Fee or \$50 & Petition**

Filing Fee: **See County Candidates Chart**

Term: **4 years**

File by: **Party Affiliation**

Filing Forms:

- Declaration of Intention
- Appointment of Treasurer
- Stmt of Substantial Interest

**** Treasurer elected in 2018 to fill unexpired term takes office immediately following County Canvass of election (tentative date - Monday August 13)**

What offices are up for Election?	
2018	CC 1 - Treasurer (unexpired term)
2020	CC 2&3 - C Attorney - Clerk - Sheriff - ROD - Treas
2022	CC 1
2024	CC 2&3 - C Attorney - Clerk - Sheriff - ROD - Treas
2026	CC 1
2028	CC 2&3 - C Attorney - Clerk - Sheriff - ROD - Treas
2030	CC 1
2032	CC 2&3 - C Attorney - Clerk - Sheriff - ROD - Treas
2034	CC 1
2036	CC 2&3 - C Attorney - Clerk - Sheriff - ROD - Treas
2038	CC 1
2040	CC 2&3 - C Attorney - Clerk - Sheriff - ROD - Treas
2042	CC 1
2044	CC 2&3 - C Attorney - Clerk - Sheriff - ROD - Treas
2046	CC 1

Primary Election Dates	
Tuesday, August 07, 2018	Tuesday, August 04, 2026
Tuesday, August 04, 2020	Tuesday, August 01, 2028
Tuesday, August 02, 2022	Tuesday, August 06, 2030
Tuesday, August 06, 2024	Tuesday, August 03, 2032

Candidates may file any time after Jan 1 of election year

General Election Dates	
Tuesday, November 06, 2018	Tuesday, November 03, 2026
Tuesday, November 03, 2020	Tuesday, November 07, 2028
Tuesday, November 08, 2022	Tuesday, November 05, 2030
Tuesday, November 05, 2024	Tuesday, November 02, 2032

COUNTY CANDIDATES

2018 Filing Fees

As of: January 9, 2018

Term	OFFICE	INCUMBENT	3% of Reg Voters by party		FILING FEE 1% of Annual Salary	STATE REPORT FEE	TOTAL FILING FEE w/o signatures	Or TOTAL plus Signatures
			Republican Signatures	Democrat Signatures				
4	County Commissioner District 1	George "Chip" Westfall	104	40	293.00	+ 50.00	= 343.00	50.00
4	County Commissioner District 2		<i>Not up for election this year.</i>					
4	County Commissioner District 3		<i>Not up for election this year.</i>					
4	County Attorney		<i>Not up for election this year.</i>					
4	County Clerk		<i>Not up for election this year.</i>					
4	Register of Deeds		<i>Not up for election this year.</i>					
4	County Treasurer	Unexpired term - 2 year	320	128	785.00	+ 50.00	= 835.00	50.00
4	County Sheriff		<i>Not up for election this year.</i>					

Presidential Election Year

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



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 attestation)

**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		
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
109 West 9th, Suite 504
Topeka, Kansas 66612
Ofc 785-296-4219
Fax 785-296-2548

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 ____.

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 (as registered)	City	Date
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____

