

Office
Term
File with
File by party affiliation
Qualifications of candidate
Candidate Filing Deadline
State Filing Fee
Filing by Fee
OR Petitions >
Elected at
Take office
Oath filed with
Vacancy, how filled

<b>Take office 2nd Monday of January after election</b>
January 13, 2025
January 11, 2027
January 8, 2029
January 13, 2031
January 10, 2033
January 12, 2037
January 10, 2039

COUNTY OFFICE	STATUTE
4 years	
County Clerk	25-208(2)
Yes	25-205(ab)
Qualified elector on election day. Commissioners must reside in district.	19-202
June 1 (noon)	25-305
\$50.00	25-206
1% of Annual Salary	
Commissioners: 3% of Reg Voters by party in commissioner district	25-205(e)(3)
All other County Offices: 3% of Reg Voters by party - Countywide	
Even numbered years	25-101
2nd Monday in January (see below)	25-313
County Clerk	
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
<b>** Treasurer takes office the 2nd Tuesday in October following election. KSA 19-501</b>	
Elected in <b>2024</b> - takes office Oct. 14, 2025	
Elected in <b>2028</b> - takes office Oct. 9, 2029	

<b>2024</b>	
<b>State:</b>	<b>\$50 &amp; Local Filing Fee or \$50 &amp; Petition</b>
<b>Filing Fee:</b>	<b>See County Candidates Chart</b>
<b>Term:</b>	<b>4 years</b>
<b>File by:</b>	<b>Party Affiliation</b>
<b>Filing Forms:</b>	<b>- Declaration of Intention - Appointment of Treasurer - Stmt of Substantial Interest</b>

*\* Sheriff candidates must be fingerprinted. County Clerk oversees then submits form to KBI. KSA 19-826(b)*

County Offices to be Elected	
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

Primary Election Dates	
Tuesday, August 6, 2024	Tuesday, August 6, 2030
Tuesday, August 4, 2026	Tuesday, August 3, 2032
Tuesday, August 1, 2028	Tuesday, August 1, 2034

**Candidates may file any time after Jan 1 of election year**

General Election Dates	
Tuesday, November 5, 2024	Tuesday, November 5, 2030
Tuesday, November 3, 2026	Tuesday, November 2, 2032
Tuesday, November 7, 2028	Tuesday, November 7, 2034

# COUNTY CANDIDATES

## 2024 Filing Fees

As of: January 2, 2024

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 2	Randy Hague	94	73	360.00	+	50.00	= 410.00	50.00
4	County Commissioner District 3	Don Schroeder	137	36	360.00	+	50.00	= 410.00	50.00
4	County Attorney	Heather Figger	342	166	1,245.00	+	50.00	= 1,295.00	50.00
4	County Clerk	Rick Piepho			876.00	+	50.00	= 926.00	50.00
4	Register of Deeds	Raquel Langley			781.00	+	50.00	= 831.00	50.00
4	County Treasurer	Becky Fields			867.00	+	50.00	= 917.00	50.00
4	County Sheriff	Chad Gay			1,116.00	+	50.00	= 1,166.00	50.00

Candidates need required signatures plus State report fee or Filing Fee plus State report fee

4	County Commissioner District 1	Becky Reimer	<i>Not up for election this year.</i>						
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# 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		
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

**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



## 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	_____	_____	_____	_____	_____

