

Office	TOWNSHIP OFFICER	STATUTE
Term	4 years	25-1601
File with	County Clerk	25-208(2)
File by party affiliation	Yes	25-205(bc)
Qualifications of candidate	Must be qualified elector on election day	80-201/202
Candidate Filing Deadline	June 1 (noon)	25-205
State Filing Fee	-0-	
Filing by Fee	\$1.00	25-206
OR Petitions	3% of Reg Voters - by party - by township	25-305
Candidate Forms required		
Elected at	General Election - November of Even Years	25-101
Take office *	2nd Monday in January after election	25-313
Oath filed with	County Clerk	80-202
Vacancy, how filled	Township board submits names, commission appoints	25-1606(1)
Bond Required	Treasurer = \$2,000, Clerk = \$300, Trustee = \$300	

Filing Fee:	\$1.00	2024
Term:	4 years	
File by:	Party Affiliation	
Filing Forms:	<ul style="list-style-type: none"> - Declaration of Intention - Stmt of Substantial Interest 	

Townships do not vote for City officials, but 3rd Class Cities vote for Township officials

Township Officers to be Elected	
2024	Treasurer and Trustee
2026	Clerk
2028	Treasurer and Trustee
2030	Clerk
2032	Treasurer and Trustee
2034	Clerk
2036	Treasurer and Trustee
2038	Clerk
2040	Treasurer and Trustee
2042	Clerk
2044	Treasurer and Trustee
2046	Clerk
2048	Treasurer and Trustee

***Take office 2nd Monday of January after election**

January 13, 2025	January 8, 2029	January 10, 2033
January 11, 2027	January 13, 2031	January 8, 2035

Primary Election Dates	Candidates may file any time after Jan 1 of election year	General Election Dates
Tuesday, August 6, 2024		Tuesday, November 5, 2024
Tuesday, August 4, 2026		Tuesday, November 3, 2026
Tuesday, August 1, 2028		Tuesday, November 7, 2028
Tuesday, August 6, 2030		Tuesday, November 5, 2030
Tuesday, August 3, 2032		Tuesday, November 2, 2032
Tuesday, August 1, 2034		Tuesday, November 7, 2034
Tuesday, August 5, 2036		Tuesday, November 4, 2036
Tuesday, August 3, 2038		Tuesday, November 2, 2038

Counts as of 12-18-2023

Political Subdivision	Democratic	Dem 3%	Republican	Rep 3%	
Township					
Alta Twp (TSAIta)	22	1	128	4	
Burrton Twp (TSBurrton)	80	3	342	11	
Darlington Twp (TSDrlngtn)	59	2	300	9	
Emma Twp (TSEmma)	47	2	260	8	
Garden Twp (TSGarden)	27	1	134	5	
Halstead Twp (TSHalstd)	42	2	150	5	
Highland Twp (TSHighlnd)	44	2	174	6	
Lake Twp (TSLake)	17	1	64	2	
Lakin Twp (TSLakin)	24	1	134	5	
Macon Twp (TSMacon)	57	2	205	7	
Newton Twp (TSNewton)	571	18	747	23	
Pleasant Twp (TSPlsant)	51	2	255	8	
Richland Twp (TSRchlnd)	27	1	218	7	
Sedgwick Twp (TSSedgwk)	157	5	701	22	
Walton Twp (TSWalton)	51	2	228	7	
Grand Total	1276		4040		

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)

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 ____.