APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

Name CBC L Where Mailing Address \$3.24 US 77 City Pock County Coulcy Zip Code C713 Telephone GZO ZCZ YUT) Email Cut where District No. Rick Conde TREASURER Date Appointed Name Sc (Mailing Address City Zip Code Telephone Email OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Mailing Address City Zip Code Tresurer's Name Mailing Address City Zip Code Tresurer's Name Mailing Address City Zip Code Signature of Candidate) SIGNATURE I declare that this statement has been examined by me and to the best of my knowledge and belief or recet and complete. I understand that the intentional failure to file this document or intentionally a like document is a class A misdemeanor." O5-08-2624 (Date) (Signature of Candidate)	This is an (Cl	neck one) Initial Ap	pointment A	mended Statement	
Mailing Address \$3.24 Us 77 City Rock County Coleg Zip Code C713 { Telephone GZo ZCZ 1447 Email Cocose @wheelert et.com Office Sought Tresure District No. Rock Conde TREASURER Date Appointed Name Sclf 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 Treasurer's Name Mailing Address City Zip Code Telephone Email Treasurer's Name Mailing Address City Tip Code Telephone Email Treasurer's Name Mailing Address City Lip Code Telephone Email Treasurer's Name Mailing Address City Lip Code Telephone Email Treasurer's Name Mailing Address City Lip Code Telephone Email	CANDIDATE	(Please Type	or Print)		
City County Count					
TREASURER Date Appointed Name Sclf 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 Treasurer's Name Mailing Address City Zip Code Telephone Email Treasurer's Name Mailing Address City Zip Code Telephone Imail Treasurer's Name Mailing Address City Izip Code Telephone Imail Treasurer's Name Mailing Address City Izip Code Telephone Imail SIGNATURE I declare that this statement has been examined by me and to the best of my knowledge and belief in trect and complete. I understand that the intentional failure to file this document or intentionally is see document is a class A misdemeanor."	Mailing Address 53.2				
TREASURER Date Appointed Name Sclf 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 Treasurer's Name Mailing Address City Zip Code Telephone Email Treasurer's Name Mailing Address City Zip Code Telephone Imail Treasurer's Name Mailing Address City Izip Code Telephone Imail Treasurer's Name Mailing Address City Izip Code Telephone Imail SIGNATURE I declare that this statement has been examined by me and to the best of my knowledge and belief in trect and complete. I understand that the intentional failure to file this document or intentionally is see document is a class A misdemeanor."	City Rock	County Co	يادم :	Zip Code 6713	-1
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Date Appointed Name Sc (f	Office Sought Tresc	ive		District No. R.	c carda
Date Appointed Name Sc (f					
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 Email Treasurer's Name Mailing Address City Zip Code Telephone Email GIGNATURE I declare that this statement has been examined by me and to the best of my knowledge and belief irrect and complete. I understand that the intentional failure to file this document or intentionally is se document is a class A misdemeanor."	TREASURER				
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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 GIGNATURE I declare that this statement has been examined by me and to the best of my knowledge and belief irrect and complete. I understand that the intentional failure to file this document or intentionally is see document is a class A misdemeanor."	Mailing Address				
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City Zip Code Telephone Email IGNATURE I declare that this statement has been examined by me and to the best of my knowledge and belief it rect and complete. I understand that the intentional failure to file this document or intentionally is see document is a class A misdemeanor."	Treasurer's Name				
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se document is a class A misdemeanor."					
(Date) Company (Signature of Candidate)					·
(Date) (Signature of Candidate)					
(Date) (Signature of Candidate)	75-08.50z4		Comme	Thompson .	
	(Date)		(Sign	nature of Candidate)	
SEE REVERSE SIDE FOR INSTRUCTIONS		SEE REVERSE SIDE	FOR INSTRUC	TIONS	

Governmental Ethics Commission

Rev.2021

STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

<u>INSTRUCTIONS</u>. 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. <u>IDENTIFICATIO</u>	<u>N</u> :			
Klona	Casey	Lanne		
Last Name	First Name	MI		
Spouse's Name				5
houz				
Number & Street Nar	ne, Apartment Numi	oer, Rural Route, or P.O. E	Box Number	
5324	US 77			
City, State, Zip Code	Ly Rock	KS 67/31	620 262 1447	
Home Phone 620 986 53			Business Phone	
B. OFFICE SOUGH		OINTED TO:		
Tresu	rv-			
List Name of Office			the state of the s	
Trasure	Rock Cree	K TWP		
Position	District			
		CONTINUED ON NEX	KT PAGE	
Date received (Officia	l use only)	A CONTRACTOR OF THE CONTRACTOR		

Rev. 2001

Governmental Ethics Commission

C. <u>OWNERSHIP INTERESTS:</u> 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.	Volone	Farm	Observedon	se (f
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 \checkmark .

	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.			ı
5.			

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 ______.

Η.

NUMBER OF ADDITIONAL PAGES _____.

Office of the Kansas Secretary of State

Candidate's Declaration of Intention



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Lowis G. (Bup) Journs	<i>.</i>	
Name (as it will appear on the ballot, including punctuation	n)	
BURDEN, KS		
City of Residence (as it will appear on the ballot)		
SHERIDAN TWP TRUST	- : 5E -	
Office Sought	District No.	
Darby Namination County O. D		
Party Nomination Sought: O Democratic Reput	Dican ie	erm: Regular O Unexpired
2ା ମଞ୍ଚଳିତ୍ୟ ଧାର୍ଯ୍ୟକଥା Gandidates Only (comp	(स्वाक्वाद्वाव्यक्तिक	том тем в нестоя этом постоя током нестоя выполнения в постоя по в нестоя нестоя в постоя в постоя в постоя в Постоя в нестоя ток током нестоя в нестоя в нестоя в постоя в постоя в нестоя в нестоя в нестоя в нестоя в нес
District Court Judge Division No.	District Magistrate Jude	ge Position No.
S. Contact Information . () Altinomationis	miller soldk	
Select one: Mr. Ms. Mrs. Dr.	TAMES AND STATES AND S	
		ℓ
22739 /52 ND ROAD Residential Address		
_		
BURDEN City	<u>(ဝိဃင<i>င</i>ာ/</u> County	<u>67019</u>
ony	County	Zip
Mailing Address (if different from residential address)	City	State Zip
Phone (optional) 620 - 218- 429	7 · 4 Cell Phone (option	nal) <u>620 -218 - 429</u> 4
BLAMEDU QSKTC. NET	(ep.e.	
Email (optional)	Website (optional)	
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I declare that I am affiliated with the above-stated and that I intend to become a candidate for the		ris S. Johnson
stated office at the appropriate election.		
Date 05 / 14 / 2024		
Month Day Year		
ATTESTATION (for office use grify)	,,,,,,	
Secretary of State or County Election Officer	15.	
Aşsistant Secretary of State or Deputy County Election Officer	J. No. of the last	
A COLUMN TO THE TANK OF THE PROPERTY OF THE PR		
Notary (applicable only for presider committeemen or committe		

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 Louis G. Johnson
	Address <u>22739 / 52 No Romb</u> City <u>BURDON</u> Zip Code <u>670/9</u>
	Home Telephone 620-218 - 4294 Business Telephone
	Office Sought Nustee District No. SHERIDAN TWP
В.	Affidavit: State of Kansas County of Cowe Co
	I, Levis C. Joinson do swear (or affirm) that:
	 The information in Item A above is true and correct; 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)
	nelulana
	(Date) Sour Salar (Signature of Candidate)
5	Subscribed and sworn to (affirmed) before me this 14th day of
	Hal Couleye (Motary Public)
	(Seal) My Appointment Expires / 13 , 20 25

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check o	ne) Initial Appointment Amended Statement
CANDIDATE	(Please Type or Print)
Name Lewis a Local	- Oal
Name Lewis & Locale Mailing Address 22739 152	UP BAD
City BORDOU	County Cocylor Zip Code 67019
Telephone 620-218-4294	Email Blogsow Q.SKTC, NET
Office Sought TRUSTEE	SINTRIDAN TWP. District No.
TREASURER	
Date Appointed	
Name	
Mailing Address	
City	Zip Code
Telephone	Email
OR CANDIDATE COMM Date Appointed Chairperson's Name	ITTEE
Mailing Address	
City	Zip Code Email
Telephone	Eman
Treasurer's Name	
Mailing Address	
City	Zip Code Email
Telephone	EMAII
	ns been examined by me and to the best of my knowledge and belief is true, and that the intentional failure to file this document or intentionally filing a demeanor." Abun B. J.
	E REVERSE SIDE FOR INSTRUCTIONS

Rev.2021

Governmental Ethics Commission

STATEMENT OF SUBSTANTIAL INTERESTS FOR LOCAL OFFICE

<u>INSTRUCTIONS</u>. 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 P	RINT	
A. <u>IDENTIFICATIO</u>	<u>N</u> :			
				•
JOHNSON	LEWIS	G.		··
Last Name	First Name	MI		
CHARLOTTE				
Spouse's Name				10.000
22739 152	in ROAD			
		nber, Rural Route, or P.O. I	Box Number	· · · · · · · · · · · · · · · · · · ·
BURDEN, K.	567019			
City, State, Zip Code	>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
620.218-6	1294	No-reactive description		
Home Phone			Business Phone	
B. <u>OFFICE SOUGH</u>	IT, HELD OR API	<u>POINTED TO</u> :		
TAUSTEE	SHERI DAN	TWF		
List Name of Office	Carlotte State of the State of			
Position	District			
		CONTINUED ON NEX	XT PAGE	
Date received (Officia	l use only)			

Rev. 2001

Governmental Ethics Commission

	BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM
1.		-	MILIONIS IN ALLE	
2.				
		a the contract of the contract		
3.				
4.				
5.				
6.				
7.				
8.				
9,				
10				
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	14V 12V N	ADDRESS		RECEIVED BY
1.					
2.					
3.					
4.					
5.					
6.					
7.					·····
8.			A MARIAN CONTROL OF THE PARTY O		
9.					
10.					<u> </u>
11.					
12.				· ·	

H. <u>DECLARATION:</u>

I, Lowis G. Journson, 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.

05/14/2024

Date

i & Julian

Signature of Person Making Statement

Registrant Information Card

Registrant # 5431983 **Status** Active

Status Reason

Registration Date 01/18/2011

How RegMotor Vehicle Offices

Johnson, Lewis Garland

22739 152nd Rd Burden, KS 67019 **MAILING ADDRESS**

Precinct Sheridan/465 Birth Date 01/23/1947 **Party** Republican **Gender** Male

Reg Source Motor Vehicle Offices

Voter Needs Assistance

Optional Field 1

Optional Field 2

Optional Field 3

Optional Field 4

Optional Field 5

Optional Field 6

Optional Field 7

Optional Field 8

Optional Field 9

Signature of Voter

Registrant Receipt

Registrant # 5431983

Johnson, Lewis Garland

22739 152nd Rd Burden, KS 67019 **Status** Active

Status Reason

Registration Date 1/18/2011

How Reg Motor Vehicle Offices

MAILING ADDRESS

Precinct Sheridan/465 Birth Date 1/23/1947 Party Republican **Gender** Male

Reg Source Motor Vehicle Offices

Voter Needs Assistance

Optional Field 1

Optional Field 2

Optional Field 3

Optional Field 4

Optional Field 5

Optional Field 6

Optional Field 7

Optional Field 8

Optional Field 9

Signature of Voter

Office of the Kansas Secretary of State Precinct Committeeman/Committeewoman Candidate's Declaration of Intention



1. Ballot Information				
Terry L. Lawrence				
Name (exactly as it will appear on the ballot, it	including all punctuation)			
Winfield	Vernon			
City	Precinct			
Select one: ☑ Committeeman ☐ Commit Party nomination sought: ☐ Democratic				
2. Office Information Please print.				
Preferred title: Mr. Mrs. Mrs. Ms.	Date filed: <u>5</u> / <u>/4</u> / <u>24</u>			
2585 162 nd Rd.				
Residential Address				
Oxford, Kansas	67119			
City	Zip Code			
Email Address	(620)221-0900 (620)229-2450 Home Phone Number Work Phone Number			
Email Address	Home Phone Number Work Phone Number			
3. Mailing Address (if different from resident Mailing Address	tial address)			
City	State Zip Code			
4. Candidate Statement and Signature	aline na la milianazione del como del come menere di escilibrativa del mase al proposició de la como de la com			
I declare that I am affiliated with the above-stathe above-stated office at the appropriate elec	ated party and that I intend to become a candidate for ction.			
Sign here Signature of Candidate	Jerry L. Lourence			
5. Attestation	to the contract the same terms of the contract of several April 2000 by the contract of several assets of			
Va C. Mind				
Notani Okkiy	KAYLA CARTLIDGE			
Notary DEPUTY COWLEY COUNTY CLERK				
State County	NO TARY STAMP			
out county /				

Registrant Information Card

Registrant # 123819 Status Active

Status Reason

Registration Date 10/13/1976

How Reg

Lawrence, Terry Lynn

MAILING ADDRESS

2585 162nd Rd Oxford, KS 67119

> Precinct Vernon/358/1-4 Birth Date 04/03/1953 Party Republican **Gender** Male

Reg Source In Person

Voter Needs Assistance

Optional Field 1

Optional Field 2

Optional Field 3

Optional Field 4

Optional Field 5

Optional Field 6

Optional Field 7

Optional Field 8

Optional Field 9

Signature of Voter

Registrant Receipt

Registrant # 123819

Lawrence, Terry Lynn

2585 162nd Rd Oxford, KS 67119 **Status** Active

Status Reason

Registration Date 10/13/1976

How Reg

MAILING ADDRESS

Precinct Vernon/358/1-4 Birth Date 4/3/1953 Party Republican **Gender** Male

Reg Source In Person

Voter Needs Assistance

Optional Field 1

Optional Field 2

Optional Field 3

Optional Field 4

Optional Field 5

Optional Field 6

Optional Field 7

Optional Field 8

Optional Field 9

Signature of Voter