



KANSAS SECRETARY OF STATE
**City/School Candidate's
 Declaration of Intention**

1. Name
 List exactly as it will appear on ballot, including all punctuation.
 David E. Friesen

2. City
 Halstead

3a. Office sought
 Little Arkansas River Drainage District Board Member

3b. District Number

4. Term
 Regular Unexpired

5. Preferred title
 Used for mailing purposes.
 Mr. Mrs. Ms. Dr.

6. Residential address
 Provide a street or rural route. Do not leave blank.
 Address: 223 E. 10th St., Lot 2-E
 City: Halstead County: Harvey Zip: 67056

7. Mailing address
 Complete if mailing address is different from above.
 Address: 515 East St.
 City: Halstead State: KS Zip: 67056

8. Telephone number
 Home: Work: Cell: 316-215-5414

9. Email address
 Dfriesen18@yahoo.com

10. I declare that I intend to become a candidate for the above-stated office at the appropriate election.

Signature of Candidate: X David E. Friesen
 Today's Date: 05 / 28 / 2025
 Mo. Day Yr.

County Election Officer: X Kris Papp
 Deputy Election Officer: X

KL
 Paid cash
 5/28/25

Please review to ensure completion.

**GOVERNMENTAL ETHICS COMMISSION****STATEMENT OF FAIR CAMPAIGN PRACTICES**

I shall conduct my campaign in the best tradition, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponent and his or her party which merit such criticism.

I shall conduct my campaign without the use of vilification, character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.

I shall conduct my campaign forswearing any dishonest or unethical practice which tends to discredit the legislative process or the Legislature as an institution.

I shall conduct my campaign without the use of campaign material of any sort which misrepresents, distorts, or otherwise falsifies the facts regarding any candidate, as well as the use of malicious or unfounded accusations against any candidate which aim at creating or exploiting doubts, without justification, as to his or her loyalty and patriotism.

I shall refrain from the unfair practice of publicizing campaign material detrimental to my opponent too near election day to permit my opponent's rebuttal.

I shall conduct my campaign without any appeals to prejudice based on race, sex, creed, or national origin.

I shall immediately and publicly repudiate support deriving from any individual or group which resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics which I condemn.

I, the undersigned, candidate for election to a state or local office in Kansas, hereby endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

Little Arkansas River Drainage District

Board Member

Office Sought

David E. Friesen

Name (Please Print)

5-28-25

Date

David E. Friesen

Signature

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:

<i>Friesen</i>	<i>David</i>	<i>E</i>
Last Name	First Name	MI
<i>N/A</i>		
Spouse's Name		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
<i>Halstead, KS, 67056</i>		
City, State, Zip Code		
<i>316-215-5414</i>		
Home Phone	Business Phone	

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

<i>Little Arkansas River Drainage District Board Member</i>	
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.	Honeywell International Charlotte, NC	Fire + Security Systems	401K	Me
2.	Bunting Magnetics 500 S. Spencer, Newton, KS 67114	Magnetic Separation Equipment	401K	Me
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.	Bunting Magnetics	500 S. Spencer	Magnetic Separation Eqpt.
2.	Little Arkansas River Drainage District	515 East St.	River Flow Protection

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.	Little Arkansas River Drainage District	Board Member	Me
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, David E. Friesen, 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.

5-28-25

Date

David E. Friesen

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR LOCAL OFFICE**

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

Name <i>David E. Friesen</i>		
Street <i>515 East St.</i>		
City <i>Halstead, KS</i>	County <i>Harvey</i>	Zip Code <i>67056</i>
Home Telephone <i>316 215 5414</i>	Business Telephone	
Office Sought <i>Little Arkansas River Drainage District Board Member</i> District No.		

TREASURER

Date Appointed <i>5-28-25</i>		
Name <i>David E. Friesen</i>		
Address <i>515 East St.</i>		
City <i>Halstead, KS</i>	Zip Code <i>67056</i>	
Home Telephone <i>316 215 5414</i>	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.”

5-28-25
(Date)

David E. Friesen
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

**AFFIDAVIT OF EXEMPTION
FROM FILING RECEIPTS AND EXPENDITURES REPORTS
BY A CANDIDATE FOR CITY OFFICE**

IF YOU ANTICIPATE RECEIVING OR EXPENDING \$1000 IN THE PRIMARY, EXCLUSIVE OF THE CANDIDATE FILING FEE, OR \$1000 IN THE GENERAL ELECTION, THIS FORM MAY NOT BE USED.

Instructions: This form may be used by any candidate for city 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 28, 2025.** 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 David E. Friesen
Address 515 East St. City Halstead, KS Zip Code 67056
Home Telephone 316 215 5414 Business Telephone _____
Little Arkansas River Drainage District
Office Sought Board Member District No. _____

B. Affidavit:
State of Kansas
County of Harvey

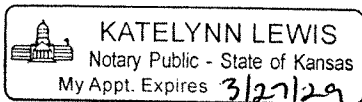
I, David E. Friesen, do swear (or affirm) that:

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 (\$1000) 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 (\$1000) 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 (\$1000) 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 (\$1000) 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. 25-4174)

5-28-25
(Date)

David E. Friesen
(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 28th day of May, 20 25



(Seal)

[Signature]
(Notary Public)

My Appointment Expires March 27, 20 29