

Candidate's Declaration of Intention

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1 Ballot Information

Ray Faber
Name (as it will appear on the ballot, including punctuation)

6643 U.S. 160. Winfield, KS. Vernon Township
City of Residence (as it will appear on the ballot)

Treasurer
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 1 All information is public record

Select one: Mr. Ms. Mrs. Dr.

6643 U.S. 160
Residential Address

Winfield Ks Cowley 67156
City County Zip

same
Mailing Address (if different from residential address) City State Zip

Phone (optional) 620-222-1967 Cell Phone (optional) - - -

RayCFaber1957@gmail
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 06 10 31 2024
Month Day Year

ATTESTATION (for office use only)

Secretary of State or County Election Officer

Kayla Cartlidge
Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)

KAYLA CARTLIDGE
DEPUTY COWLEY
COUNTY CLERK

**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 Ray Faber
Address 6643 U.S. 160 City Winfield Zip Code 67156
Home Telephone 620.222-1967 Business Telephone same
Office Sought Treasurer Vernon District No. _____

B. Affidavit:
State of Kansas
County of Cowley }

I, Ray Faber, 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 (\$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)

6-3-2024 (Date) Ray Faber (Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 3rd day of June, 2024

**KAYLA CARTLIDGE
DEPUTY COWLEY
COUNTY CLERK**

Kyla Cartlidge
(Notary Public)

My Appointment Expires 1-13, 2025

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>Ray Faber</i>			
Mailing Address <i>6643 U.S. 160</i>			
City <i>Winfield</i>	County <i>Cowley</i>	Zip Code <i>67156</i>	
Telephone <i>620-222-1967</i>	Email <i>RayCFaber1957@gmail</i>		
Office Sought <i>Treasurer - Vernon Township</i>	District No.		

TREASURER

Date Appointed	
Name <i>SELF</i>	
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."

06-03-2024
(Date)

Ray Faber
(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 - 1st floor, 120 SW 10th, 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 *Faber*

First Name *Ray*

MI *C*

Spouse's Name

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

6643 A.S. 160 Waffield, Ks. 67156

City, State, Zip Code

620-222-1967

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

Treasurer

Vernon Township Cowley County

List Name of Office

Treasurer

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.	Roy Faber Trucking	dump truck	ownership	self
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.		

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, Ray Faber, 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.

0-3-24
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

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.	Ray Faber Trucking	proprietor	Self
2.			
3.			
4.			
5.			

Registrant Information Card

Registrant # 106974

Status Active

Status Reason

Registration Date 09/25/2002

How Reg

MAILING ADDRESS

Faber, Raymond C

6643 Us 160
Winfield, KS 67156

Precinct Vernon/465
Birth Date 03/19/1946
Party Republican
Gender Male

Reg Source All Other Means

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 # 106974

Status Active

Status Reason

Registration Date 9/25/2002

How Reg

MAILING ADDRESS

Faber, Raymond C

6643 Us 160
Winfield, KS 67156

Precinct Vernon/465
Birth Date 3/19/1946
Party Republican
Gender Male

Reg Source All Other Means

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
Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

FORM
CD

1 Ballot Information

Name (as it will appear on the ballot, including punctuation)

Vance Henderson

City of Residence (as it will appear on the ballot)

Burden

Office Sought

Salem Treasure

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.

10172 171st Rd

Residential Address

Burden

City

Cowley

County

67019

Zip

Same

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) 620-438-3598

Cell Phone (optional) 620-222-5737

vancehenderson82@gmail.com

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 06/03/2024

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

KAYLA CARTLIDGE
DEPUTY COWLEY
COUNTY CLERK

Notary (applicable only for precinct committeeman or committeewoman)

ROYAL CANADIAN
MOUNTED POLICE
OTTAWA

**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>Vance Henderson</i>			
Mailing Address <i>10122 171st Rd</i>			
City <i>Burden</i>	County <i>Cowley</i>	Zip Code <i>67019</i>	
Telephone <i>620-222-5737</i>	Email <i>vancehenderson82@gmail.com</i>		
Office Sought <i>Salem Treasure</i>	District No.		

TREASURER

Date Appointed <i>Self</i>	
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."

6-3-24
(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 - 1st floor, 120 SW 10th, 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

TOPEKA
KANSAS
SEP 10 2008

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:

Henderson Vance E
Last Name First Name MI

Rebecca Henderson
Spouse's Name

10172 171st Rd
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Burden, KS 67019
City, State, Zip Code

620 438 3598 620 222 5737
Home Phone Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO: Salem Treasure

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. Flynn V Ranch 10172 171st Rd Burden CO 67019	Farm/Ranch	100%	self
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.		

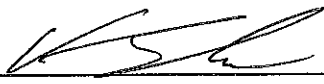
G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates 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, Vance Henderson, 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.

6-3-24
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____

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.	Winfield Correctional Facility	1806 Pinecrest Winfield KS	Correctional Facility
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.	Home Daycare	10122 171st Rd Burden KS	Daycare
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.			

Registrant Information Card

Registrant # 122562

Henderson, Vance Edwin

10172 171st Rd
Burden, KS 67019

Status Active

Status Reason

Registration Date 06/09/2004

How Reg

MAILING ADDRESS

Precinct Salem/462/3-6
Birth Date 06/05/1982
Party Republican
Gender Male

Reg Source By Mail

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 # 122562

Henderson, Vance Edwin

10172 171st Rd
Burden, KS 67019

Status Active

Status Reason

Registration Date 6/9/2004

How Reg

MAILING ADDRESS

Precinct Salem/462/3-6
Birth Date 6/5/1982
Party Republican
Gender Male

Reg Source By Mail

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

