

Candidate's Declaration of Intention

FORM
CD

1 Ballot Information

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

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

Clerk Newton Twp
Office Sought

District Number

Party Nomination Sought: ☐ Democratic ☒ Republican Term: ☒ Regular ☐ Unexpired

2 Contact Information ! All information is public record

Select one: ☐ Mr. ☐ Ms. ☒ Mrs. ☐ Dr.

2507 E Hwy 50
Residential Address

Newton Harvey 67114
City County Zip Code

Mailing Address (if different from residential address) County State Zip Code

316-772-6343
Telephone Number

Campaign Email

Campaign Website

3 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.

Melinda Matson
SIGNATURE OF CANDIDATE

Date (mm/dd/yyyy)

4 Attestation (for office use only)

[Signature]
Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

RECEIVED
JUN 01 2026
Harvey County Clerk

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:

Matson *Melinda*
Last Name First Name MI

Clint Matson
Spouse's Name

2507 East Elk Hwy 50 Newton, KS 67114
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Newton, KS 67114
City, State, Zip Code

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

Newton Township
List Name of Office

Clerk
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.	Mackey & Sons, Inc 1201 Sharps Drive Newton, KS 67114	Mfg	ownership of Business	Melinda
2.	Frank Budde Trust Newton, KS	Trust	Beneficiary Trustee	Melinda
3.	William Budde Trust Newton, KS	Trust	Beneficiary Trustee	Melinda
4.	Linda Budde Trust Newton, KS	Trust	Beneficiary	Melinda
5.	Budde Matson Farms Newton, KS	Farming	owner	Melinda & Clint
6.	Melinda Budde Rentals Newton, KS	Rental Property	owner	Melinda
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.	<i>Mackey & Sons, Inc</i>	<i>PO Box 768 Newton</i>	<i>mfg</i>
2.	~~<i>Target Application</i>~~	~~<i>Barton, KS</i>~~	~~<i>ag Retail</i>~~

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.	<i>Target Application</i>	<i>Barton, KS</i>	<i>ag Retail</i>
2.	<i>LPS</i>	<i>Concordia, KS</i>	<i>ag Retail</i>

- 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, Melinda Matson, 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.

5-26-26

Date

Melinda Matson

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.