



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

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

San Nikkel

2. City

n.a.

3a. Office sought Little Arkansas Drainage District Board Member	3b. District Number n.a.
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4. Term <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Unexpired	5. Preferred title <small>Used for mailing purposes.</small> <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
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6. Residential address
Provide a street or rural route. Do not leave blank

Address: 16415 W. Dutch Ave

City: Moundridge	County: KS	Zip: 67107
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7. Mailing address
Complete if mailing address is different from above.

Address: RECEIVED
MAY 29 2025

City:	State: Harvey County	Zip: Clerk
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8. Telephone number

Home: n.a.	Work: n.a.	Cell: 620 747 0660
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9. Email address

47kbs8ih@gmail.com

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

Signature of Candidate <input checked="" type="checkbox"/>	Today's Date: Mo. 5 Day 28 Yr. 2025
County Election Officer <input checked="" type="checkbox"/>	Deputy Election Officer <input checked="" type="checkbox"/>



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

San Nikkel
Name (Please Print)

5/28/25th
Date

San Nikkel
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:

Nikkel Sen L
Last Name First Name MI

Lisa K Nikkel
Spouse's Name

16415 W. Dutch Ave
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Moundridge KS 67107
City, State, Zip Code

n.a. 620 747 0660
Home Phone Cell Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

Little Arkansas River Drainage District Board Member
List Name of Office

n.a. n.a.
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. 58 acres @ 16415 W. Dutch Ave	home place & farm	the acreage, buildings, 5 head cattle	self & spouse
2. 80 acres McPherson Co. ag ground	rented out for pasture & farming	the acreage	self & spouse
3. 220 acres McPhers Co ag ground	rented out for farming	the acreage	Self & Sister
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.	Little Arkansas River Drainage District	510 Industrial Rd, Helstead, KS, 67056	river flow maintenance
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 X.

	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 X.

	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, San Nikkel
[Signature], 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

[Signature]
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

Reset page

APPOINTMENT OF

TREASURER OR CANDIDATE COMMITTEE FORM

FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one)

Initial Appointment

Amended Statement

CANDIDATE

(Please Type or Print)

Name	San Nikkel		
Street	16415 W. Dutch Ave		
City	County	Zip Code	67107
Home Telephone	No a.s.	Cell Business Telephone	620 747 0660
Office Title	Little Arkansas River Drainage District Board Member		

TREASURER

Date Appointed	5/28/25 th		
Name	self		
Address	a.s.		
City	above	Zip Code	
Home Telephone		Business Telephone	

OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address	N.		
City		Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name	[Signature]		
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."

5/28/25th
(Date)

[Signature]
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Print page

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

IF YOU ARE NOT REGISTERED AS A MEMBER OF THE POLITICAL PARTY, ENCLOSED BY 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 15, 2025.** If contributions or expenditures for this campaign are not reported, you are required to report contributions or expenditures considered and the treasurer must maintain un-audited records. (S.S.A. 25-1144) See however 25-1144(c).

PLEASE PRINT OR TYPE

A. Name of Candidate San Nikkel
Address 16415 W. Dutch Ave City Moundridge Zip Code 67107
Home Telephone No. a. Cell Business Telephone 620 747 0660
Office Sought Little Arkansas River Drainage District Board Member District No. No. a.

B. Affidavit:
State of Kansas
County Harvey

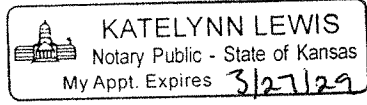
I, San Nikkel, do swear (or affirm) that:

1. The information in item A above is true and correct;
2. I intend to receive or have received or expect to have received 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 receive or have received or expect to have received 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 date required by K.S.A. 25-1144. (K.S.A. 25-1144)

5/28/25
(Date)

[Signature]
(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 29th day of May, 2025



[Signature]
(Notary Public)

(Seal)

Filed for publication by me March 27 2025