



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

1. Name <small>List exactly as it will appear on ballot, including all punctuation.</small>	Kent E. Mayfield		
2. City	Halstead, Ks		
3a. Office sought	Little Arkansas River Drainage District Board Member	3b. District Number	
4. Term <input 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.	
6. Residential address <small>Provide a street or rural route. Do not leave blank.</small>	Address 1020 South Hertzler Rd		
	City Halstead	County Harvey	Zip 67056
7. Mailing address <small>Complete if mailing address is different from above.</small>	Address		
	City	State Harvey	Zip Harvey County Clerk
8. Telephone number	Home	Work	Cell (620) 931-8202
9. Email address	kie9n6t6@yahoo.com		

RECEIVED
MAY 29 2025

10. I declare that I intend to become a candidate for the above-stated office at the appropriate election.			
Signature of Candidate X	Today's Date:	Mo. May Day 29 Yr. 2025	
County Election Officer X	Deputy Election Officer X		



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.

LARDD Board member
Office Sought

Kent Mayfield
Name (Please Print)

5/29/2025
Date

[Signature]
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:

MAYFIELD KENT E

Last Name First Name MI

TONYA MAYFIELD

Spouse's Name

1020 SOUTH HERTZLER RD

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

HAULSTEAD, KS 67056

City, State, Zip Code

020-931-8202

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

LITTLE ARKANSAS RIVER DRAINAGE DISTRICT

List Name of Office

BOARD MEMBER

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.				
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 .

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Newton Public Schools	Newton KS	PUBLIC SCHOOL
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.	USD 373	Newton KS	PUBLIC SCHOOL
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.			

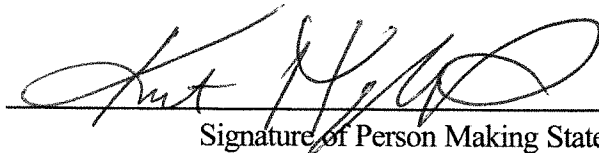
G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates 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	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

H. DECLARATION:

I, Kent Mayfield, 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.

5/29/2025
Date


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	Kent Mayfield		
Street	1020 South Hentzler Rd		
City	County	Zip Code	
Halstead	Harvey	67056	
Home Telephone	620 931 8202	Business Telephone	
Office Sought	LAR-DD Board Member	District No.	

TREASURER

Date Appointed	5/29/2025		
Name	Kent Mayfield		
Address	1020 S. Hentzler Rd		
City	County	Zip Code	
Halstead	Ks	67056	
Home Telephone	620 931 8202	Business Telephone	

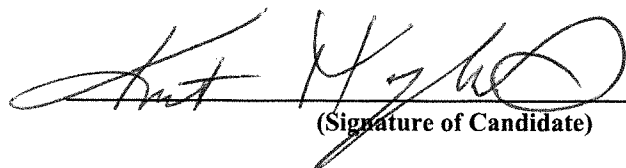
OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Address			
City	County	Zip Code	
Home Telephone		Business Telephone	
Treasurer's Name			
Address			
City	County	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."

5/29/2025
(Date)


(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 Kent Mayfield
Address 1020 South Hentler Rd City Halstead, Ks Zip Code 67056
Home Telephone (620) 931-8202 Business Telephone _____
Office Sought LAR-DD Board Member District No. _____

B. Affidavit:
State of Kansas
County of Harvey)

I, Kent Mayfield, 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)

5/29/2025
(Date)

Kent Mayfield
(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 29 day of May, 20 25



(Seal)

Katelynn Lewis
(Notary Public)

My Appointment Expires March 27, 20 29