

**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>Casey L Klona</i>			
Mailing Address <i>5324 US 77</i>			
City <i>Rock</i>	County <i>Cowley</i>	Zip Code <i>67131</i>	
Telephone <i>620 262 1449</i>	Email <i>cklona@whrexfordct.com</i>		
Office Sought <i>Treasurer</i>	District No. <i>Rock County</i>		

**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."

05-08-2024  
(Date)

*Casey Klona*  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

**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:**

*Wlona*                      *Casey*                      *L*  
Last Name                      First Name                      MI

Spouse's Name

*None*

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

*5324 US 77*

City, State, Zip Code

~~620 986 5544~~ *Rock KS 67131*

*620 262 1447*

Home Phone

*620 986 5544*

Business Phone

**B. OFFICE SOUGHT, HELD OR APPOINTED TO:**

*Treasurer*

List Name of Office

*Treasurer                      Rock Creek TWP*

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.	<i>Wona</i>	<i>Farm</i>	<i>owner operator</i>	<i>Self</i>
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.				
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.				
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, Casey L Klover, 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.

05-08-2024  
CK  
 \_\_\_\_\_  
 Date

Casey L Klover  
 \_\_\_\_\_  
 Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_\_.

Office of the Kansas Secretary of State  
**Candidate's Declaration of Intention**

DOWNLOAD THIS FORM AT WWW.SCS.KS.GOV



**1 Ballot Information**

LEWIS G. (BUD) JOHNSON  
Name (as it will appear on the ballot, including punctuation)

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

SHERIDAN TWP. - TRUSTEE -  
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** ! All information is public record

Select one:  Mr.  Ms.  Mrs.  Dr.

22739 152ND ROAD  
Residential Address

BURDEN COWLEY 67019  
City County Zip

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

Phone (optional) 620-218-4294 Cell Phone (optional) 620-218-4294

BJOHNSON@SKTC.NET 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.

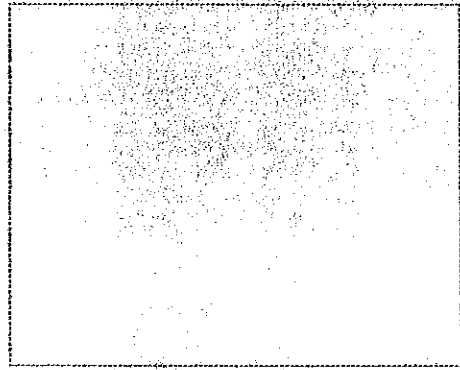
Date 05 14 2024  
Month Day Year

**ATTESTATION** (for office use only)

Secretary of State or County Election Officer

Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)



**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 LEWIS G. JOHNSON

Address 22739 152ND ROAD City BURDEN Zip Code 67019

Home Telephone 620-218-4294 Business Telephone \_\_\_\_\_

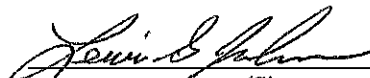
Office Sought TRUSTEE District No. SHERIDAN TWP

B. Affidavit:  
State of Kansas )  
County of COWLEY )

I, LEWIS G. JOHNSON, 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)

05/14/2024  
(Date)

  
(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this 14<sup>th</sup> day of May, 2024

  
(Notary Public)

( Seal )

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>LEWIS G. LOCKWOOD</i>		
Mailing Address <i>22739 152ND ROAD</i>		
City <i>BURDEN</i>	County <i>COWLEY</i>	Zip Code <i>67019</i>
Telephone <i>620-218-4294</i>	Email <i>B.LOCKWOOD@SKTC.NET</i>	
Office Sought <i>TRUSTEE</i>	<i>SHERIDAN TWP.</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."

05/14/2024  
(Date)

*Lewis G. Lockwood*  
(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS



**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:**

JOHNSON	LEWIS	G.
Last Name	First Name	MI
CHARLOTTE		
Spouse's Name		
22739 152ND ROAD		
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number		
BURDEN, KS 67019		
City, State, Zip Code		
620-218-4294		
Home Phone	Business Phone	

**B. OFFICE SOUGHT, HELD OR APPOINTED TO:**

TRUSTEE SHERIDAN TWP	
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.			
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.				
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If you have nothing to report in Section "E"2, check here .

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	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
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**H. DECLARATION:**

I, LEWIS G. JOHNSON, 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.

05/14/2024  
Date

  
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES \_\_\_\_\_.

# Registrant Information Card

**Registrant #** 5431983

Johnson, Lewis Garland

22739 152nd Rd  
Burden, KS 67019

**Status** Active

**Status Reason**

**Registration Date** 01/18/2011

**How Reg** Motor Vehicle Offices

## MAILING ADDRESS

**Precinct** Sheridan/465  
**Birth Date** 01/23/1947  
**Party** Republican  
**Gender** Male

**Reg Source** Motor Vehicle Offices

**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**

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**Signature of Voter**

---

# Registrant Receipt

**Registrant #** 5431983

Johnson, Lewis Garland

22739 152nd Rd  
Burden, KS 67019

**Status** Active

**Status Reason**

**Registration Date** 1/18/2011

**How Reg** Motor Vehicle Offices

## MAILING ADDRESS

**Precinct** Sheridan/465  
**Birth Date** 1/23/1947  
**Party** Republican  
**Gender** Male

**Reg Source** Motor Vehicle Offices

**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  
Precinct Committeeman/Committeewoman  
Candidate's Declaration of Intention



1. Ballot Information

Terry L. Lawrence  
Name (exactly as it will appear on the ballot, including all punctuation)  
Winfield Vernon  
City Precinct

Select one:  Committeeman  Committeewoman  
Party nomination sought:  Democratic  Republican

2. Office Information Please print.

Preferred title:  Mr.  Mrs.  Ms. Date filed: 5 / 14 / 24  
2585 162<sup>nd</sup> Rd.  
Residential Address  
Oxford, Kansas 67119  
City Zip Code  
tjlawfarm@gmail.com (620)221-0900 (620)229-2450  
Email Address Home Phone Number Work Phone Number

3. Mailing Address (if different from residential address)

Mailing Address  
\_\_\_\_\_  
City State Zip Code

4. Candidate Statement and 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.

**Sign here** Terry L. Lawrence Terry L. Lawrence  
Signature of Candidate

5. Attestation

Kayla Cartlidge  
Notary  
KS Cowley  
State County

KAYLA CARTLIDGE  
DEPUTY COWLEY  
COUNTY CLERK  
NOTARY STAMP

# Registrant Information Card

**Registrant #** 123819

Lawrence, Terry Lynn

2585 162nd Rd  
Oxford, KS 67119

**Status** Active

**Status Reason**

**Registration Date** 10/13/1976

**How Reg**

**MAILING ADDRESS**

**Precinct** Vernon/358/1-4

**Birth Date** 04/03/1953

**Party** Republican

**Gender** Male

**Reg Source** In Person

**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 #** 123819

Lawrence, Terry Lynn

2585 162nd Rd  
Oxford, KS 67119

**Status** Active

**Status Reason**

**Registration Date** 10/13/1976

**How Reg**

**MAILING ADDRESS**

**Precinct** Vernon/358/1-4

**Birth Date** 4/3/1953

**Party** Republican

**Gender** Male

**Reg Source** In Person

**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**