

2025

Office	NEWTON City of the 1st Class	STATUTE
--------	--	---------

Candidates file with COUNTY CLERK

Term	(2) 4-Year, (1) 2-Year	City Code 8-105
File with	County Clerk	25-2110(a)
File by party affiliation	Party Affiliation not a factor at City Elections	25-2113
Qualifications of candidate	Must be qualified elector (registered voter/resident) of city	City Code 8-102
Filing Deadline	12:00 (noon) Monday, June 2, 2025	25-2109
State Filing Fee	\$50.00	25-4119f(a)(4)
Filing by Fee	\$20.00	25-21a01(f)
OR Petitions	signed by 50 qualified electors	City Code 8-103
Candidate Forms required	Declaration of Intention, SSI, Treasurer Appt., Affidavit of Exemption and/or Receipts/Expenditures Reports	
Elected at	November General Election (Odd Numbered Years)	25-2107
Take office	2nd Tuesday in December after election (see chart on right)	25-2120
Oath filed with	City Clerk	25-2120
Primary	A primary election is required if there are more than 3 times the number of candidates as there are members to be elected	25-2108a
Vacancy, how filled	Commission shall appoint - as soon as practicable - by a majority vote of the remaining Commissioners; a person who shall meet all of the qualifications for Commissioner	Charter Ordinance
City sends list >	of offices to be voted on to County Clerk, by May 1 of every odd # year	25-2118

Filing Fee: \$70 or \$50 with petition

Filing With: County Clerk

Term: 4 years

NON-PARTISAN - Party Affiliation NOT a factor.

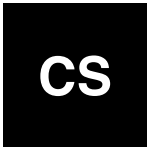
Filing Forms:

- Declaration of Intention (Form CS)
- Statement of Substantial Interest (SSI)
- Appointment of Treasurer

- Affidavit of Exemption - if planned expenses are <\$1000
- Petition Form CP - if filing by petition

Commissioner up for Election		Take office 2nd Tuesday of December after election
2025	(2) 4-Yr Term, (1) 2-Yr Term	December 9, 2025
2027	Opposite (2) 4 Yr Term, (1) 2-Yr Term	December 14, 2027
2029	(2) 4-Yr Term, (1) 2-Yr Term	December 11, 2029
2031	Opposite (2) 4 Yr Term, (1) 2-Yr Term	December 9, 2031
2033	(2) 4-Yr Term, (1) 2-Yr Term	December 13, 2033
2035	Opposite (2) 4 Yr Term, (1) 2-Yr Term	December 11, 2035
2037	(2) 4-Yr Term, (1) 2-Yr Term	December 8, 2037
2039	Opposite (2) 4 Yr Term, (1) 2-Yr Term	December 13, 2039
2041	(2) 4-Yr Term, (1) 2-Yr Term	December 10, 2041
2043	Opposite (2) 4 Yr Term, (1) 2-Yr Term	December 8, 2043
2045	(2) 4-Yr Term, (1) 2-Yr Term	December 12, 2045
2047	Opposite (2) 4 Yr Term, (1) 2-Yr Term	December 10, 2047

General Election Dates		Candidates may file any time after Jan 1 of election year	Primary Election Dates - If more than 9 file	
Tuesday, November 4, 2025	Tuesday, November 8, 2033		Tuesday, August 5, 2025	Tuesday, August 2, 2033
Tuesday, November 2, 2027	Tuesday, November 6, 2035	Tuesday, August 3, 2027	Tuesday, August 7, 2035	
Tuesday, November 6, 2029	Tuesday, November 3, 2037	Tuesday, August 7, 2029	Tuesday, August 4, 2037	
Tuesday, November 4, 2031	Tuesday, November 8, 2039	Tuesday, August 5, 2031	Tuesday, August 2, 2039	



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

1. Name

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

--

2. City

--

3a. Office sought

--

3b. District Number

--

4. Term

Regular Unexpired

5. Preferred title

Used for mailing purposes.

Mr. Mrs. Ms. Dr.

6. Residential address

Provide a street or rural route. Do not leave blank.

Address		
City	County	Zip

7. Mailing address

Complete if mailing address is different from above.

Address		
City	State	Zip

8. Telephone number

Home	Work	Cell
------	------	------

9. Email address

--

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.

Day

Yr.

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.

Office Sought

Name (Please Print)

Date

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:

Last Name First Name MI

Spouse's Name

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

City, State, Zip Code

Home Phone

Business Phone

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

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.				
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, _____, 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.

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

CANDIDATE (Please Type or Print)

Name		
Mailing Address		
City	County	Zip Code
Telephone	Email	
Office Sought	District No.	

TREASURER

Date Appointed		
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.”

_____ (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

**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 24, 2023.** 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 _____

Address _____ City _____ Zip Code _____

Home Telephone _____ Business Telephone _____

Office Sought _____ District No. _____

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

I, _____, 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)

(Date)

(Signature of Candidate)

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20 _____

(Notary Public)

(Seal)

My Appointment Expires _____, 20 _____

Example 1: Candidate A intends to receive contributions of less than \$1,000 and make expenditures of less than \$1,000 in the primary election period. Candidate A does, however, intend to receive contributions in excess of \$1,000 during the general election period. He also intends to make expenditures (either actual or contractul of more than \$1,000 during the general election period. Candidate A cannot properly file the affidavit of exemption. He must file all reports at the times required by K.S.A. 25-4148.

Example 2: Candidate B meets all of the tests for exemption from filing the reports but fails to file the affidavit until after the date the first report for the primary election is due. Candidate B must file all reports since the affidavit was not filed in a timely manner.

Example 3: Candidate C intends to receive contributions and make expenditures of less than \$1,000 in each the primary and general election period; however, the \$1,000 limit was exceeded during the general election period. Candidate C shall within three (3) days of the date of such excess file all past due reports and shall file all such future reports on the dates required by K.S.A. 25-4148.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS AFFIDAVIT,
PLEASE CONTACT THE
GOVERNMENTAL ETHICS COMMISSION

901 S. Kansas Avenue
Topeka, Kansas 66612
Office (785) 296-4219
Fax (785) 296-2548

Kansas Non-Partisan City/School Nomination Petition

Form
CP

I, the undersigned, an elector of the appropriate election district, county of _____, and state of Kansas, and a duly registered voter, hereby nominate _____, who resides at _____, in the county of _____, and state of Kansas, as a candidate for the regular term / unexpired term for the office of _____, of _____, state of Kansas, at the election to be held on November _____, 20_____.

	Signature of Signer	Name of Signer (Print)	Street number or rural route	Name of City	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Affidavit of petition circulator

STATE OF KANSAS

COUNTY OF _____

} ss.

I, _____ ,

Print Name

(check one):

_____ I am the circulator of this petition. I am qualified to circulate this petition and I personally witnessed the signing of the petition by each person whose name appears thereon.

_____ I am the candidate

Signature

Circulator's residence address

Subscribed and sworn to before me this _____ day of _____ , 20 ____ .

(SEAL)

Person authorized to administer oaths

My appointment expires _____ , 20 ____ .

Kansas law states that a petition circulator is a person who is a U.S. citizen, at least 18 years of age, and has not been convicted of a felony, or if convicted of a felony has been pardoned or restored to such person's civil rights.