

Candidate's Declaration of Intention

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FORM
CD

1 Ballot Information

24 FEB 16 PM 8:08:29
DOUGLAS CO. ELECTIONS

MIKE KELSO

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

EUDORA

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

COUNTY COMMISSIONER

Office Sought

4

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.

2174 N. 900 RD

Residential Address

EUDORA

City

DOUGLAS

County

66025

Zip

Mailing Address (if different from residential address)

City

State

Zip

Phone (optional) 785-542-2931

Cell Phone (optional) 785-424-0959

mpkelso@gmail.com

Email (optional)


kelsofordouglascounty.com

Website (optional)

4 Candidate Signature

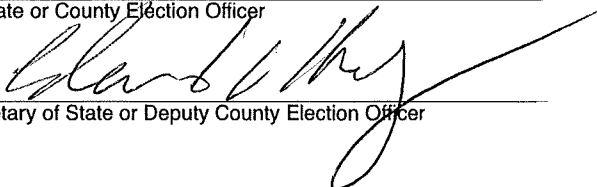
I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date 02 / 16 / 2024
Month Day Year



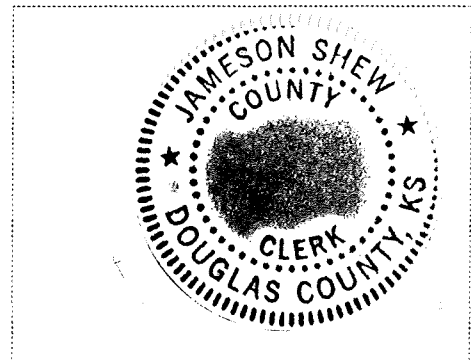
ATTESTATION (for office use only)

Secretary of State or County Election Officer



Assistant Secretary of State or Deputy County Election Officer

Notary (applicable only for precinct committeeman or committeewoman)



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:

| | | |
|-------------------------------------------------------------------------|------------|----------------|
| Kelso | Mike | P |
| Last Name | First Name | MI |
| Dr. Robyn M Kelso | | |
| Spouse's Name | | |
| 2174 N. 900 Rd | | |
| Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number | | |
| Eudora, KS 66025 | | |
| City, State, Zip Code | | |
| 785-542-2931 | | |
| Home Phone | | Business Phone |

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

| | |
|-----------------------------------------|----------|
| County Commissioner | |
| List Name of Office | |
| Douglas County Commissioner, District 4 | |
| 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. Kelso Family Farms | Family Farm | Crop and Hay Gr | Mike and |
| 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. | Epiq | 11880 College Blvd, OP KS | Provider of Legal and Busin |
| 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. | Kansas State Dept of Education | 900 SW Jackson St. Topeka, | State Dept of Education |
| 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. | | | |

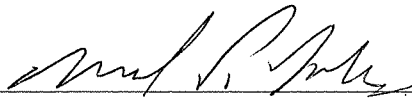
G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who paid fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates 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, Michael P. Kelso, 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.

2/16/2024
Date


Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR LOCAL OFFICE

FEB 16 PM 3:44
 27 FEB 16 PM 3:44

This is an (Check one) Initial Appointment Amended Statement
 (Please Type or Print)

CANDIDATE

| | | |
|-----------------------------------|-------------------------|----------------|
| Name Mike Kelso | | |
| Mailing Address 2174 N 900 Rd | | |
| City Eudora | County Douglas | Zip Code 6025 |
| Telephone 785-424-0959 | Email mpkelso@gmail.com | |
| Office Sought County Commissioner | | District No. 4 |

TREASURER

| | | |
|-----------------------------------|-------------------------------|--|
| Date Appointed 2/16/2024 | | |
| Name Becky Plate | | |
| Mailing Address 1317 Mulberry Ct. | | |
| City Eudora | Zip Code 66025 | |
| Telephone 913-909-5220 | Email beckyplate.rm@gmail.com | |

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.”

2/16/2024
 (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