

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:

ARMBRISTER		Jay	T.
Last Name	First Name	MI	
BETSY J. ARMBRISTER			
Spouse's Name			
1529 N. 300 RD			
Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number			
BALDWIN CITY KS 66006			
City, State, Zip Code			
785.393.1721			
Home Phone		Business Phone	

B. OFFICE SOUGHT, HELD OR APPOINTED TO:

SHERIFF	
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. KANSAS POLICE & FIRE RETIREMENT SYS.	—	RETIREMENT	JA
2. KPERS 457 ACCOUNT	—	"	"
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. N/A		
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.	DOUGLAS CO. SHERIFF'S OFFICE	111 R. 11 TH ST	GOVT.
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.	BROWN FAMILY DENTAL		DENTAL PRACTICE
2.	JOHNSON CO. COMM. COUNCIL		HIGHER ED.

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, JAY T. DEMBEISTER, 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.

2.14.2024

Date

Jay T. Dembeister 209
 Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

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

24 FEB 15 AM 11:22
DOUGLAS CO. ELECTIONS

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

CANDIDATE

Name JAY ARMBRISTER			
Mailing Address 1529 N. 300 RD			
City BALDWIN CITY	County DOUGLAS	Zip Code 66006	
Telephone 785.398.1721	Email ARMBRISTERFORSHERIFF2020@GMAIL.COM		
Office Sought SHERIFF	District No. —		

TREASURER

Date Appointed 02.14.2024			
Name JOSIE FLORY			
Mailing Address 4841 DURO RD			
City BALDWIN CITY WEAHVILLE	Zip Code 66006 66092		
Telephone 785.979.5677	Email JOSIEFLORY@GMAIL.COM		

OR CANDIDATE COMMITTEE

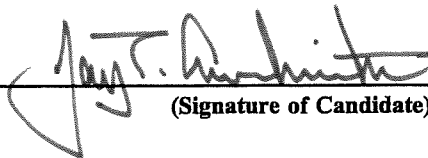
Date Appointed			
Chairperson's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	Zip Code		
Telephone	Email		

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."

2.14.2024

(Date)



(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Candidate's Declaration of Intention

DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



1 Ballot Information

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

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

SHERIFF Office Sought N/A 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.

1529 N. 300 RD
Residential Address

BALDWIN CITY City DOUGLAS County 66006 Zip

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

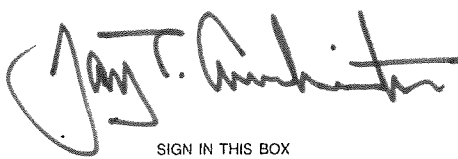
Phone (optional) 785-393-1721 Cell Phone (optional) _____

ARMBRISTER@SHERIFF2020@GMAIL Email (optional) Website (optional)

4 Candidate Signature

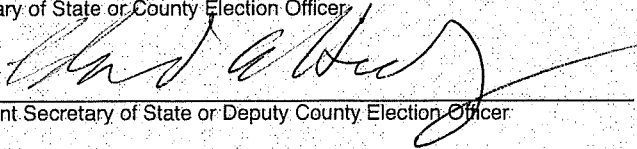
I declare that I am affiliated with the above-stated party and that I intend to become a candidate for the above-stated office at the appropriate election.

Date 02 / 14 / 2024
Month Day Year


SIGN IN THIS BOX

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)