

1 Statement of Voter

Failure to sign will invalidate ballot.

I declare under penalty of election perjury, a felony, that I am a resident and a qualified voter for this election as shown on voter registration records and that I have voted the enclosed ballot and am returning it in compliance with Kansas law, and amendments thereto, and have not and will not vote more than one ballot in this election.

66216, SHAWNEE, KS
JOHN SMITH
1234 MAIN STREET

JKC

I also understand that failure to complete the information below will invalidate my ballot. **Voter: Print your name on this line. Be sure you are signing the envelope addressed to you, not another member of the household.**

reg 123456 ElcDate 5/21/2019

Name of Voter

Confirm your street address in Johnson County by writing it on this line.

Residential Address

X Write your signature and date on this line!

Signature of Voter

Date

Optional: I hereby authorize the person who completed and is named in Statement 2 to mail or deliver my voted ballot to the county election office.

2 Statement of Person Assisting Voter

Check the statements that apply.

I hereby acknowledge that I have been designated by the voter to mail or deliver the enclosed voted ballot to the county election office and affirm that I will deliver such ballot as instructed by the voter and that I have not exercised undue influence on the voting decisions of the voter.

If assisting a voter with an illness, disability, or lack of proficiency in the English language, I hereby affirm that I have not exercised undue influence on the voter's decisions and have marked the ballot as instructed by the voter to whom the ballot was issued. **If you are assisting a voter, please print your name here and check the appropriate box/boxes above.**

Name of Authorized Person

Signature of Authorized Person

X If you assisted the voter, please sign your signature and date on this line.

Date

3

Statement of Person Signing on Behalf of Voter

Only if Voter is Physically Unable to Sign

My signature constitutes an affidavit that the person for whom I sign the envelope is a person who is physically unable to sign such envelope. By signing this envelope, I swear this information is true and correct, and that signing a ballot envelope under false pretenses shall constitute the crime of perjury. **If you signed above for the voter due to the voter's physical disability, please print your name on this line.**

Name of Person Signing on Behalf of Voter

If you signed above for the voter,

X please sign your signature and date on this line.

Signature of Person Signing on Behalf of Voter

Date